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A review of school exclusion on the mental health and wellbeing of children and young people in the City of Sunderland

**Principal Investigator and Author: Sarah Martin-Denham
University of Sunderland, School of Education
Commissioned by Together for Children, Sunderland**

March 2020



**University of
Sunderland**

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Executive summary

In the Autumn of 2018, the University of Sunderland was approached by Together for Children to 'investigate the factors that impact upon social and emotional wellbeing of children and young people from 3-16 years in Sunderland, which may lead to exclusion from school'. The purpose of the commission was to provide a research-informed review of the process and impact of school exclusion through a detailed examination of the personal lived experiences of children who were excluded from school and their caregivers.

Research aim

To investigate the benefits of school exclusion on those excluded from school and their caregivers.

Research objectives:

- To establish the impact of school exclusion on the child and their family
- To explore the effectiveness of the process of school exclusion
- To determine the drivers for school exclusion
- To explore the impact of school exclusion on caregivers
- To determine the effectiveness of alternative provision
- To produce a report with supporting evidence to inform provision planning and training for education professionals within the local area of Sunderland

165 individuals took part in the research; 55 children, 41 of their caregivers and 55 headteachers across age phases and types of provision, as well as 14 Special Educational Needs Co-ordinators (SENCOs). The evidence from those interviewed indicates that some schools need training and support to effectively identify and respond to the diverse needs of children in their care. The findings suggest that these children thrive in an environment

where there are small classes, flexible policies and in most cases, a vocational curriculum offer. This research highlights that there are significant short and long-term effects of school exclusion on children and their families. The impact on the children is that during the exclusion, they are often not doing anything purposeful with their time or being supported to understand any underlying reasons for their behaviour. Caregivers struggled to maintain employment or good mental health due to the stress of the uncertainty of their child's future.

What is clear, is that children and caregivers need to understand why the exclusion happened and to be supported to rebuild relationships within families and to re-engage with education. Headteachers and SENCOs believed that the benefit of school exclusion is not only to keep other children safe but also to fast track the excluded child to specialist support. This shows that schools need further investment to meet children's needs as soon as they become apparent. Without funding for training and staffing, it is difficult to see how the situation of rising exclusions will change. Health services have a fundamental role to play in providing prompt assessments for these children, to identify any underlying difficulties, and to support schools in understanding and providing reasonable adjustments and evidence-based approaches to learning.

This piece of research is both timely and significant, considering the Timpson Review (DfE, 2019a) publication, as it captures the voice of children, caregivers and professionals who work with or who have experienced first-hand exclusion from school. The result is a unique piece of primary research believed to be the largest qualitative study of school exclusion to date in England (see appendix 1).

Recommendations

Recommendation 1: Children identified as being at risk of, or allocated a fixed-period or permanent exclusion, to be referred to health services for assessment of needs. This would determine any underlying genetic, learning disabilities or neurodiverse causes, so that reasonable adjustments are based upon strengths and difficulties. The health, functioning and wellbeing summary traffic light communication tool (Ireland and Horridge, 2016) should be considered for universal use by all health services under the direction of the paediatric disability team.

Recommendation 2: To extend the KS1-4 alternative provision to allow those children thriving in their care to have a permanent placement in the school. This could be in the form of an additional provision, so that the current alternative provision school is maintained for those who have recently been excluded, with a partner provision for those for whom mainstream is not a suitable or viable option.

Recommendation 3: To provide prompt preventative support in mainstream and other schools where children are identified as at risk of exclusion. This needs to be coupled with training for education staff, including identification of underlying SEND, person-centred approaches, supporting children with challenging behaviours, and compliance with equality duties.

Recommendation 4: The creation of a child, caregiver and sibling support network for those with children on the edge of, or who have been excluded from school. This will include signposting to support systems, including legal advice and access to universal services to support their mental health and wellbeing.

Recommendation 5: Consistent information to be provided to the caregivers by the excluding school, detailing all local and national contact numbers of support services for the child, caregivers and siblings. This must include details of education provision available in the local area and the appeals process.

Recommendation 6: Documentation following an exclusion needs to be given to the caregivers and the next school placement. This needs to include prior attainment, attendance, behaviour system records, statements of witnesses, caregiver and child, communication and responses, the reason for the exclusion and length of exclusion. It must include evidence of the implementation of the graduated approach with a review of progress and evidence-based approaches as part of this process.

National recommendation 1: DfE to update statutory guidance on exclusion to change the terminology from 'should' to 'must', to ensure schools are obligated to address any underlying causes of disruptive behaviour, including the use of a multi-agency assessment. Schools also require clarification of their duties within the Equality Act 2010, to make reasonable adjustments for those with disabilities, to prevent substantial disadvantage.

National recommendation 2: DfE to delegate more powers to Local Authorities to enable them to support children at risk of exclusion and to hold schools to account for their decision to exclude a child to ensure the reason is lawful, reasonable and fair.

National recommendation 3: To rename pupil referral units to schools, due to the stigma of this type of provision.

I would like to sincerely thank Together for Children for commissioning this research; the caregivers and children for taking the time to share your stories, and the headteachers and SENCOs for speaking honestly and openly about your experiences.

Sarah Martin-Denham
March 2020

Sarah Martin-Denham: Principal Investigator, Project Director and Author



Sarah is a Senior Fellow of the Higher Education Academy, a Vice-Chancellor Teaching Fellow, Chair of an independent SENCO network and a Convenor of an Interdisciplinary Research Network for developing knowledge, understanding and approaches for supporting children who are experiencing adverse childhood experiences. She has extensive knowledge of learning and teaching in the North East of England, in a variety of settings ranging from Early Years to Higher Education. Sarah has successfully developed and led four programmes and research projects in the School of Education at the University of Sunderland, and is the Programme Leader for the National Award for Special Educational Needs Coordination. Through her work with children and families over the last twenty years, and her neurodiverse abilities, she has developed a particular interest in Special Educational Needs and disabilities.

Recent publications:

Martin-Denham, S. and Donaghue, J. (2020) 'The impact and measure of Adverse Childhood Experiences: Reflections of undergraduates and graduates in England'. *Journal of Public Health*. DOI:10.1007/s10389-020-01359-z.

Martin-Denham, S. (2020) 'A review of school exclusion on the mental health and well-being of children and young people in the City of Sunderland.' Sunderland: University of Sunderland.

Martin-Denham, S. (2020) 'An investigation into the perceived enablers and barriers to mainstream schooling: The voices of children excluded from school, their caregivers and professionals.' Sunderland: University of Sunderland.

Martin-Denham, S. (2020) 'The enablers and barriers to successful managed moves: The voice of children, caregivers and professionals.' Sunderland: University of Sunderland.

Martin-Denham, S. and Donaghue, J. (2020) 'A review of fixed-period and permanent school exclusions in children with SEN and no SEN designation in the City of Sunderland.' Sunderland: University of Sunderland.

Martin-Denham, S. and Donaghue, J. (2020) 'What is the prevalence of primary and secondary types of Special Educational Needs (SEN) in the City of Sunderland? A national comparative analysis of school census data.' Sunderland: University of Sunderland.

Martin-Denham, S. and Donaghue, J. (2020) 'Excluding children for no real reason: What is the extent of the use of the category 'other' in school census returns in England? A Policy Brief.' Sunderland: University of Sunderland.

Martin-Denham, S. and Watts, S. (2019) *SENCO Handbook: Leading Provision and Practice*. London: Sage Publishers.

Martin-Denham, S., Benstead, H., Donaghue, J. and Ripley, S. (2017) *The prevalence of Special Educational Needs and Disabilities (SEND) identified in young people, aged 3-16, across the City of Sunderland*. Sunderland: University of Sunderland.

Martin-Denham, S. and Stewart, C. (2017) *SENCO magazine: 'Ports in a Storm'*. Teach Primary.

Martin-Denham, S. (Eds.) (2015) *Teaching Children with Special Educational Needs and Disabilities 0-25 years*. London: Sage Publishers.

Special thanks

I would like to give special thanks to the following people for their valued contribution to the project.

Tom Oliphant
Dr Wendy Thorley
Dr Helen Benstead

Clare Brizzolara
Dr Amina Razak

This research could not have happened without the dedication and care of Jacob Donaghue and Noah Chisholm, who have supported me throughout the eighteen months and five publications arising from this research. I was privileged to work alongside you both.

Glossary of acronyms

ACE Adverse Childhood Experience	GP General Practitioner
ADHD Attention Deficit Hyperactivity Disorder	IPSEA Independent Parental Special Education Advice
AP Alternative Provision	KS Key Stage
ASD Autism Spectrum Disorder	LA Local Authority
BERA British Educational Research Association	MLD Moderate Learning Difficulty
BILD British Institute of Learning Disabilities	NC National Curriculum
CAMHS Child and Adolescent Mental Health Services	NEET Not in Education, Employment or Training
CCVAB Children with Challenging, Violent or Aggressive Behaviour	NHS National Health Service
CYPS Children and Young People Services	OCC Office of the Children’s Commissioner
DfE Department for Education	OECD Organisation for Economic Co-operation and Development
DoH Department of Health	Ofsted Office for Standards in Education
EHCP Education, Health and Care plan	PRU Pupil Referral Unit
FE Further Education	SEMH Social, Emotional and Mental Health Difficulties
FIES Food Insecurity Experience Scale	SEN Special Educational Needs
GCSE General Certificate of Secondary Education	SENCO Special Educational Needs Coordinator
GDPR General Data Protection Regulation	SEND Special Educational Needs and/or Disability

Glossary of terms

Active listening: Focusing entirely on what the child is saying; understanding the emotions and feelings underlying the message.

Alternative provision: For children of compulsory school age who do not attend mainstream or special schools.

Care pathway: The route a person takes through healthcare services

Education Health and Care Plan: Details the education, health and social care support that is to be provided to a child with SEN and/or disabilities.

Graduated Approach: A model of action and intervention to support children who have SEN

Healthy Child Programme: Supports pregnancy and the first five years of a child's life, focussing on universal preventative service with screening, immunisation, health and development reviews.

Joint Strategic Needs Assessment: Information, advice and support services for children and caregivers with SEN or disabilities.

Local Authority: Leading integration arrangements for children with SEND.

Maintained School: Schools maintained by a Local Authority.

Methodology: Describes how research is carried out, including how information is collected and analysed, and why a particular method or methods have been chosen.

National Curriculum: Statutory entitlement to learning for all children from 5-16 years.

NHS England: An independent body, to improve health outcomes for people in England.

Official Exclusions: These are recorded with central or local government and include temporary fixed period exclusions or permanent exclusions.

Ofsted: Responsible for the inspection of all schools in England.

Prevalence: How common a type of exceptionality is within a population, either at a point in time or over a given period of time.

Pupil Referral Unit: Provides education for children who would otherwise not receive suitable education because of illness, exclusion or any other reason.

Special Educational Needs: A child has a SEN if they have a learning difficulty or disability that calls for special educational provision to be made.

Special Educational Needs Coordinator (SENCO): A qualified teacher in a school or maintained nursery school who has responsibility for coordinating SEN provision.

SEN Support: Extra or different support that is provided in addition to the school's usual curriculum.

Special Educational Provision: Provision that is different from or additional to the normal provision available to children with SEN to enable them to access and participate in learning.

Specialist School: A school that is specifically organised to make special educational provision for children with SEN.

Stakeholder: An organisation/individual with interest in a topic, including public sector providers and commissioners of care or services.

Statutory Duty: A duty that must be complied with.

Unofficial Exclusions: These are not recorded as exclusions in the national data and include managed moves to a different school; a move into some form of alternative provision offsite; or illegal exclusions.

Young Person: A person over compulsory school age (the end of the academic year in which they turn 16 to the age of 25).

1. Introduction

1. Introduction

The House of Commons Education Committee (2018) reports that school exclusion in England is receiving attention at a national level. The use of school exclusion as a disciplinary sanction remains controversial, despite numerous attempts to reduce the practice as no solutions with evidence of effectiveness exist (Obsuth et al., 2017). Research and policy suggests early intervention can result in better trajectories, reduced disengagement, improved childhood mental health and decreasing school exclusions (DfE, 2015a; Romeo et al., 2006; Snell et al., 2013). The reality is that staff in schools need quality training in recognising neurodevelopmental and mental health needs to support children and assist them in accessing the curriculum (Ford et al., 2007). The Timpson Review supported this view, noting that more needs to be done to support schools in how to understand and respond to children with SEN (DfE, 2019a). In response, the House of Commons (2019) clarified that the Department for Education was committed to reviewing the Special Educational Needs and Disability code of practice (DfE, 2015b) by the end of 2020.

1.1. Rationale for the report

Together for Children (TfC) commissioned this research due to the findings of the Martin-Denham et al. (2017) publication, which identified higher than national prevalence of particular primary types of Special Educational Needs (SEN). The research reported that in 2016 the prevalence of children in Sunderland with an Education Health and Care Plan (EHCP), with Social, Emotional and Mental Health Needs as their primary type of need were +14.03% higher than the national rate. TfC wanted to find out the causal factors that may explain this rise in SEMH needs across the City. They also wanted to use research as a tool to progress and reform how services were commissioned and to reconfigure inclusion for children with Special Educational Needs and Disabilities (SEND). The findings and recommendations will be used by TfC and Sunderland City Council to inform the strategic plan for the next five years.

Packer (2016) raised a concern that there continues to be limited research that explores the views of parents of younger children who have experienced exclusion from school. This is the value of this piece of work, as it highlights the perspective of caregivers, their children, and education professionals who have a 'best endeavours' duty within the Children and Families Act, 2014, section 66, to 'secure that the special educational provision called for by the pupils or students special educational needs is made'.

1.2. Context

The city of Sunderland, lies on the North East coast of England and has a long and illustrious history of shipbuilding, heavy engineering and glassmaking (Short and Fundingsland-Tetlow, 2012). Overtime, Sunderland has grown from being a small trading port into a large industrial city due to rural-urban migration within the region, high birth rates and historic immigration from Ireland and Scotland (Cookson, 2015). The 2011 census (Nomis, 2019) states that the total number of residents in Sunderland was 275,506, within the City and approximately 39.9% of households had no adults in employment.

1.3. Research question

What is the benefit and impact of excluding a child from school?

1.4. Research aim and objectives

The overarching aim

To investigate the benefit of school exclusion on those excluded from school and their caregivers.

Research objectives

The objectives of the research were to:

- Establish the impact of school exclusion on the family
- Explore the effectiveness of the process of school exclusion
- Determine the drivers for school exclusion
- Explore the impact of school exclusion on caregivers
- Determine the effectiveness of alternative provision
- Produce a report with supporting evidence to inform provision planning and training for education professionals within the local area of Sunderland

2. Literature review

2. Literature review

School exclusions are used in the United Kingdom as a method of tackling the more severe forms of misbehaviour, such as physical violence or persistent disruptive behaviour (Obsuth et al., 2017). Children who go on to be permanently excluded from school are likely to have experienced a multitude of disciplinary sanctions, behaviour management strategies, such as isolation booths and attempts at alternative curriculum (Harris et al., 2008; Barker et al., 2010). As a sanction, it is the most explicit form of rejection by the education system (Munn and Lloyd, 2005).

2.1. Legislation and guidance on school exclusions

The Education Act (2011) is the main statute which that sets out duties of schools when excluding a child. Only a headteacher can exclude a child due to a serious breach of the school's behaviour policy and where allowing the child to remain would harm the education or welfare of other children. The exclusion must be lawful, rational, proportionate and fair (European Convention of Human Rights, 2010; Education Act 2002, as amended by the Education Act 2011, the School Discipline Regulations 2012). The Education Act 1996 places duties on Local Authorities (LAs) to 'make arrangements for the provision of suitable education at school or otherwise'. The DfE (2017a) clarifies that under the Equality Act 2010, schools must not discriminate against, harass or victimise children because of disability alongside the other protected characteristics. Schools must comply with the Equality Act 2010 in the way that behaviour policies are created and applied (IPSEA, ud). Headteachers are required to take into account any contributing factors after an incident of poor behaviour and, in addition to early intervention to address underlying causes, should also consider what additional support might be needed to reduce the risk of exclusion (DfE, 2017a). However, in relation to this, the legal basis for some exclusions has been raised by a range of organisations, namely, the Centre for Social Justice (2011) and the Office of the Children's Commissioner (Atkinson, 2012; 2013).

The DfE (2017a) statutory guidance also clarifies other legal responsibilities, that schools:

- Must take into account their legal duty of care when sending a child home following the decision to exclude (ensuring they are safe)
- Must ensure their policies and practices do not discriminate against children by increasing their risk of exclusion (for example inflexible behaviour policies and disability duties)
- They can be excluded for one or more fixed periods (up to a maximum of 45 days) in a single academic year, or permanently
- Permanent exclusion should only be used as a last resort where there is a serious breach or persistent breaches in the school's behaviour policy and where allowing them to remain in school would seriously harm the education or welfare of the pupil or others in the school
- Should, as far as possible, avoid permanently excluding a child with an Education, Health and Care Plan or with looked after status

2.2. Types of school exclusion

The House of Commons (2018, p. 10) share that exclusions can be:

- Permanent, where they are unable to return to their current school
- Temporary (fixed) where they are not allowed to attend school for a certain number of days
- Internal, where they are placed in isolation and segregated from the rest of the school

2.2.1. Permanent exclusions

A decision to formally permanently exclude can only be taken:

- In response to a serious breach or persistent breaches of the school's behaviour policy; and
- Where allowing the child to remain in school would seriously harm the education or welfare of others in the school

(DfE, 2017a, p. 10).

Unless the exclusion is overturned, the child will be removed from the school's roll (DfE, 2016a). In this situation, the LA is responsible for ensuring alternative educational provision for them in another school, a pupil referral unit, or alternative provision (Atkinson, 2017).

2.2.2. Fixed-period exclusions

IPSEA (ud) defines a fixed-period exclusion as when a child is formally and temporarily removed from school for a fixed period of time for disciplinary reasons. Children can be given multiple fixed-period exclusions in a year, for a maximum of 45 days (DfE, 2017a). Atkinson (2017) reported that in 2012, 97% of fixed-period exclusions were for less than a week. The latest figures from the ONS show that in 2017/18, this figure rose to 98.3%, with the average length of fixed-period exclusions across primary, secondary and special schools being two days and the (49%) lasting for one day (DfE, 2019b). DfE (2018b) state that on the sixth day of a fixed-period exclusion, schools must arrange alternative provision (AP), which is generally a form of pupil referral unit.

School exclusions are also classified as official or unofficial (Martin-Denham and Watts, 2019). Gill (2017, p.13) explains the difference between these types of exclusions as:

Official exclusions are recorded with central or local Government and include fixed-period or permanent exclusions.

Unofficial Exclusions are those that are not recorded as exclusions in the national data. These include managed moves, a move to some form of alternative provision offsite, or illegal exclusions such as off-rolling.

The Education Act (2011) sets out legal duties when excluding a child. This law clarifies that a child is either in school full time or excluded, so informal or unofficial exclusions such as sending a child home for the afternoon following an incident or to 'cool down' are unlawful (Martin-Denham and Watts, 2019).

2.3. How many children are excluded from school?

The data on school exclusions from state-funded schools are captured and released by the DfE on an annual basis through a statistical first release (Martin-Denham and Donaghue, 2020a). In 1990/91 there were 2,910 school exclusions in schools in England and Wales. Just three years later the number had increased threefold, to 11,181 (Frederickson and Cline, 2009), and by 1995/96 it had increased fourfold to 12,476 (Donovan, 1998). Of the six years between 1994/95 and 2002/03, five of those saw school exclusions above 10,000. Between 2006/7 and 2012/13, the number reduced by nearly half but has risen over the last three years (IPPR, 2017). The DfE (2019a) confirms that the number of fixed-period exclusions issued in schools has increased nationally, in part due to the increased rates in the North East of England. However, the DfE (2019a) reports that permanent exclusion is a rare event, with 0.1% of the 8 million children in 2016/17, equating to 40 children per day. For fixed-period exclusions, 2,000 children are excluded each day.

National permanent exclusion rates

Figure 1 shows that permanent exclusions were declining and were at their lowest rate in 2013/14, but have since started to rise. However, the data illustrates that they are still lower now than they were between 1997/98 and 2008/09 DfE (2019b).

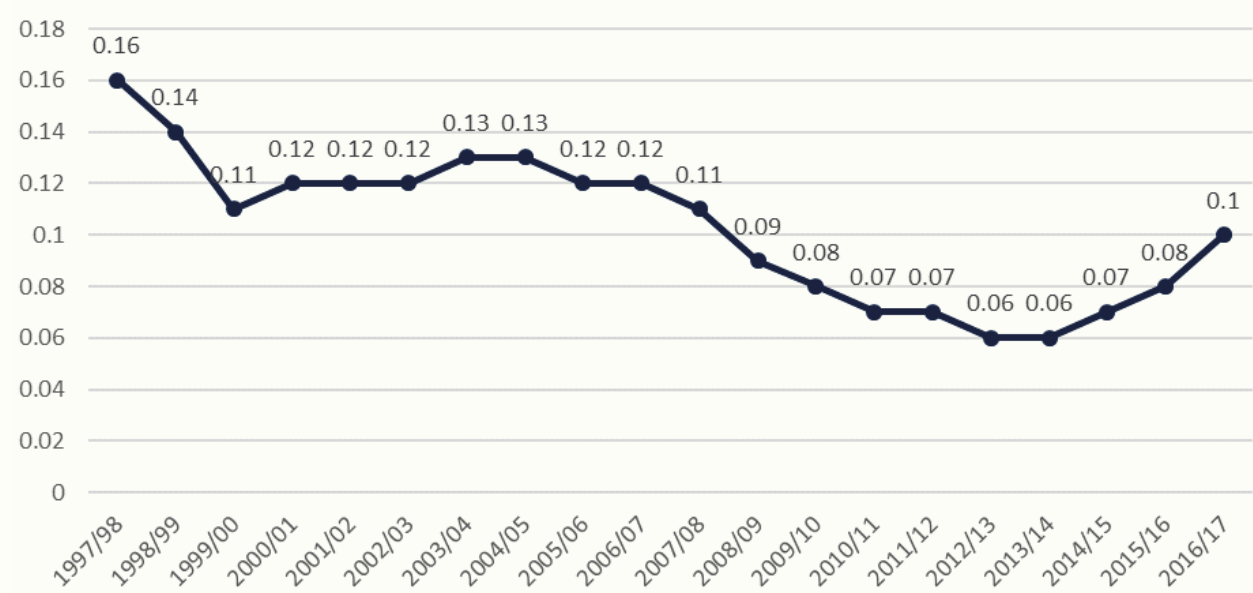


Figure: 1. Permanent exclusion rate for all state-funded primary, secondary and special schools (1997/98 - 2016/17) (adapted from DfE, 2019b)

The latest statistical release (DfE, 2019b) highlighted that among all regions, the North East had one of the highest rates of exclusion (0.14% of the pupil population) in state-funded primary, secondary and specialist education as of 2017/18. Figure 2 presents the rates of exclusion specific to local authorities (LAs) within the North East region and shows that Sunderland is ranked seventh for permanent exclusions in 2017/18.

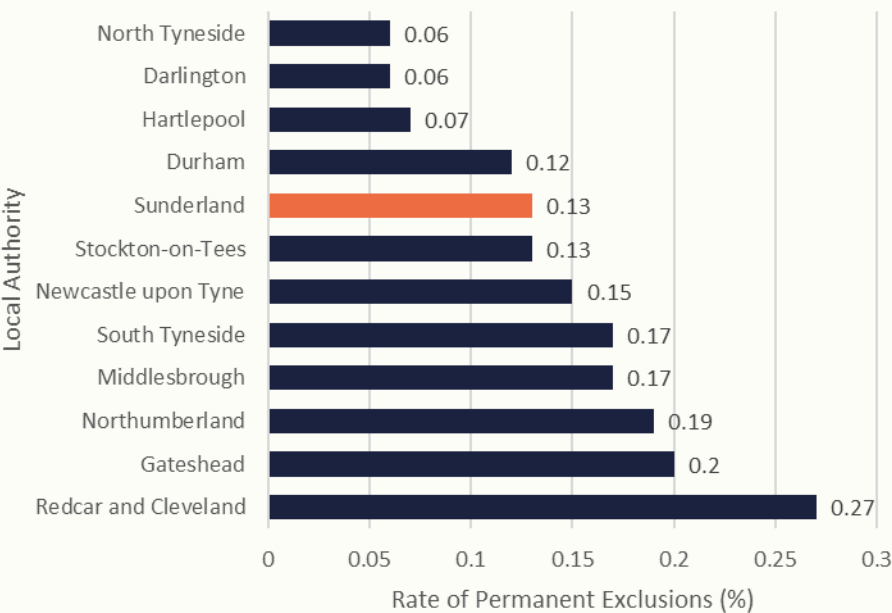


Figure: 2. The rate of permanent across local authorities in the North East (adapted from DfE, 2019b).

National fixed-period exclusion rates

Figure 3 illustrates that the rate of fixed-period exclusions peaked in 2006/07 before following a downward trend towards 2012/13. Following 2013/14, the rate has steadily increased, with 2016/17, exclusion rates at 4.76% (DfE, 2019b).

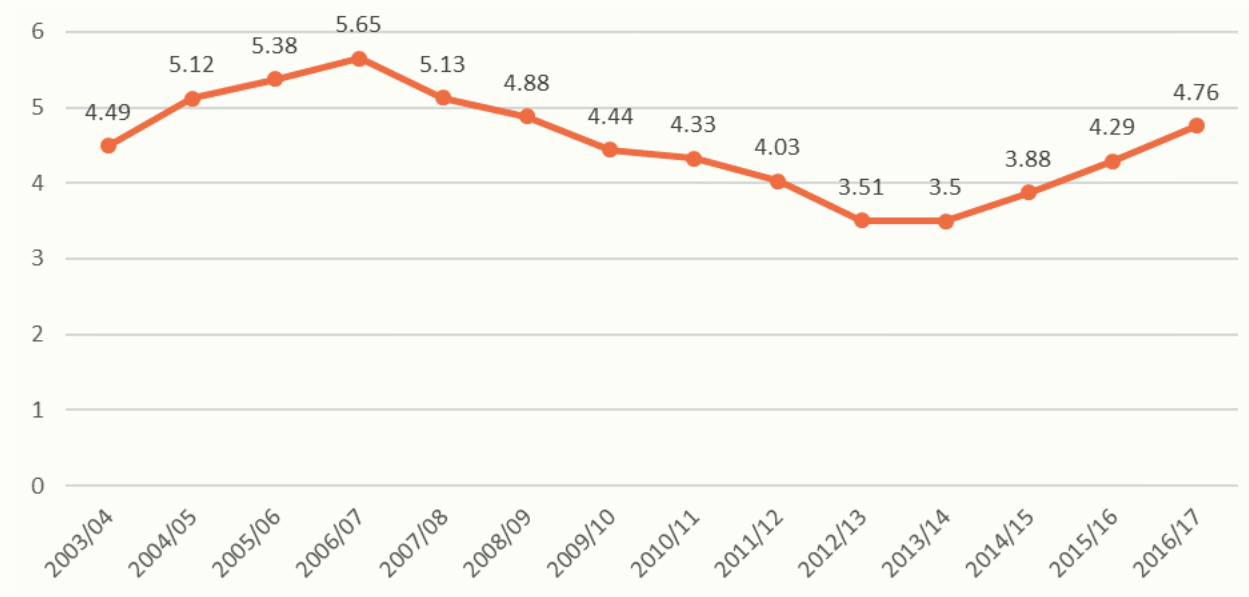


Figure 3. Fixed-period exclusion rate for all state-funded primary, secondary and special schools (2003/04 - 2016/17) (adapted from DfE, 2019b)

The latest statistical release commented on how the increase in the rate of fixed-period exclusions within the North East resulted in the overall increase nationally (DfE, 2019b). Currently, the rate of fixed-period exclusions in the North East is 9.34%, up from 5.92% in 2016/17. Figure 4 presents the exclusion rates for the individual local authorities and shows that Sunderland is ranked sixth for fixed-period exclusions in 2017/18.

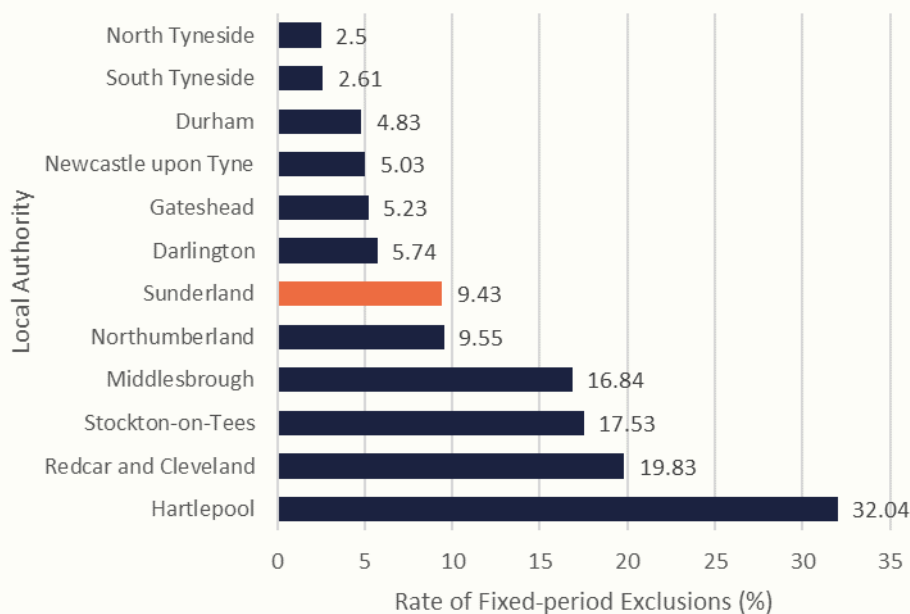


Figure 4. The rate of fixed-period exclusions across local authorities in the North East (adapted from DfE, 2019b).

2.4. Off-rolling

Off-rolling is unlawful and is described by Ofsted (2019a) as the practice of removing a child from the school admissions register for the interests of the school rather than the child. It is believed that there is a significant issue with informal exclusion practices (unofficial exclusions), particularly among children with special educational needs and disabilities (SEND) (Ambitious about Autism, 2014; Office of the Children's Commissioner (OCC), 2019; Paget et al., 2016). Off-rolling includes the practice of schools persuading caregivers to agree to a managed move as an alternative to the child having a permanent exclusion recorded on their school record (Atkinson, 2012). Another alternative to permanent exclusion is discussed by Gill (2017), who suggests that some schools coerce caregivers into signing paperwork, agreeing to enrol children in another school or to home educate. This is illegal, as schools should not attempt to persuade caregivers to educate children at home to avoid school exclusion (IPSEA, ud). Current figures reported by the Office of the Schools Adjudicator Annual Report (OSA, 2018) suggest as many as 52,770 children are educated at home, with caregivers citing school preference, avoiding exclusion under the advice of schools, child happiness, and not having their child's needs met as the reasons for educating their child at home. Staufenberg (2017) has further indicated the primary reason caregivers are electing to home educate is due to concern for their child's welfare or unresolved difficulties relating to behaviour or attendance.

Hutchinson and Crenna-Jennings (2019) state that there have been growing concerns around the practice of taking children off the school roll without formally excluding them, due to the cost of meeting additional needs and managing financial pressures in school budgets. Another factor identified by Ofsted (2017; 2018a) is believed to be attempts to improve performance tables, in particular General Certificate of Secondary Education (GCSE) examinations. This is known as 'gaming', and is when a school's decision of whether or not to exclude is influenced by the impact on the school league tables (Ofsted, 2019b). Ofsted (2017) reported that between January 2016 and January 2017,

19,000 children dropped off the school roll between years 10 and 11, equating to (4%) of all pupils. Half of these did not reappear on the roll of another state-funded school (Ofsted, 2017). Hutchinson and Crenna-Jennings (2019) highlighted that one in ten children who reached year 11 in 2017 had experienced an unexplained exit at some time during their secondary education, an increase of 1% since 2014. They believe the unexplained exits are particularly prevalent in vulnerable groups:

- Almost two in five have experienced a permanent exclusion
- Close to a third of current or former looked after children
- Over a quarter of those ever with identified social, emotional or mental health difficulties
- A quarter of children with a fixed-period exclusion and of those who were persistently absent
- A fifth of current or former children in need
- One in six children ever identified with SEND and children ever eligible for free school meals
- One in seven of those with low prior attainment and those from minority ethnic backgrounds

With similar findings to Ofsted (2017a; 2018a), Nye and Thomson (2018) examined a cohort of 553,000 children from year 7 to year 11. Of these, 516,000 finished their secondary education in mainstream school. Their chart below shows the number of children who left secondary education before the end of their schooling (approximately 20,000).

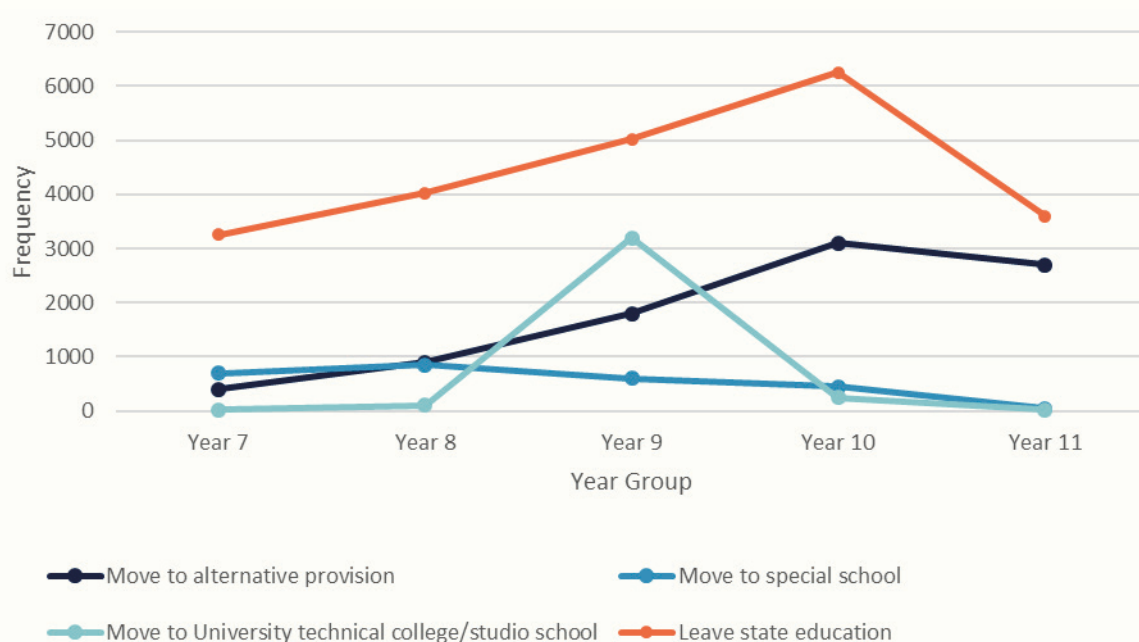


Figure: 5. Pupil moves by school year group and destination (Adapted from Nye and Thompson, 2018).

Hutchinson and Crenna-Jennings (2019) also examined unexplained exits from the school state system for unknown reasons. The data analysis was based on exits from secondary schools from 3 cohorts taking their GCSEs.

Table: 1. Number and percentage of children with an unexplained exit from the school

Year	Total number of children in the cohort	Number of children with an unexplained exit	Percentage of children with an unexplained exit
2011	602,033	47,225	7.8
2014	616,933	49,051	7.2
2017	603,705	55,039	8.1

The research also found that those most likely to experience an unexplained exit were those with:

- A high number of absences (two in five)
- Contact with social care (one in three)
- An official permanent exclusion (one in three) or fixed-period exclusion (one in five)
- Black minority ethnic background (one in eight)
- Lowest attainment profile (one in eight)

2.5. Why are children excluded from school?

The practice of excluding children from school has existed for decades (Grosenick et al., 1981). Paget et al. (2017) share that the reasons children are excluded from school are due to a range of child, family and school-related factors, of which many are present in the pre-school or early years. The following section explores some of the key factors that are believed to lead to school exclusion.

2.5.1. 'Difficult' behaviour in schools

Montuoro and Mainhard (2017) share that for 90 years, children misbehaving has been recognised as a source of teacher frustration and provocation. Wickman (1928, p.159) carried out one of the earliest studies and explained the phenomenon 'assails the teacher's authority, integrity, and frustrates their teaching'. The statistics from DfE (2019b) indicate this continues to be the case, as the most commonly cited reason for school exclusion is persistent disruptive behaviour (DfE, 2019b). Over the decades, there have been reports that 'difficult' behaviour is a concern for school staff and caregivers (DfES, 2006:2). However, the perception of disruptive behaviour is personalised and may vary from teacher to teacher (Thorley and Coates, 2018). Over twenty years ago, the Children's Plan also reported that the standard of behaviour continued to be a concern for teachers, caregivers and children themselves (DfCSF, 2007). The following year the National Foundation for Educational Research (DfCSF, 2008) reinforced the notion that teachers believed the behaviour of children was deteriorating and that it was resulting in teachers leaving the profession.

Negative behaviours from children interfere with teaching and learning, and are a significant cause of stress for teachers (Tsouloupas et al., 2010). This is of ongoing concern. Anderman et al. (2018) identified that violence and misbehaviour perpetrated against teachers adversely affect their wellbeing, efficacy and longevity in the profession. A large scale study

demonstrated a link between teacher burn-out, anxiety and anger in those who teach children with negative behaviours (Koutrouba, 2013).

2.5.2. Teacher aggression

Montuoro and Lewis (2014) and Lewis and Riley (2009) suggest that teachers may respond negatively to a child who is misbehaving using a range of direct and passive communication with the intention of passively controlling them, including the use of verbal and non-verbal attacks. It is understood that aggressive teachers distract all learners from their work (Romi et al., 2011; Montuoro and Lewis, 2017) and cause those receiving the aggression embarrassment and shame (Thomas and Montgomery, 1998). Another outcome is that it leads to peer disliking (McAuliffe et al., 2009) and damages self-perceptions (Henricsson and Rydell, 2004). In some circumstances, teacher aggression has been associated with academic difficulties (Brendgen et al., 2006) and post traumatic stress disorder (PTSD) (Hyman and Snook, 1999). For some children, aggression from the teacher can lead to an increase in problematic behaviours (Mitchell and Bradshaw, 2013) and results in the child feeling that the teacher does not care (Teven, 2013).

Trait self-control refers to a person's capacity to modify and override impulses, emotions, thoughts and behavioural responses that dominate them (DeLisi, 2015). Therefore, those with low trait self-control experience more difficulty controlling their impulses (Vohs and Baumeister, 2011) and aggression (Finkel et al., 2009). Montuoro and Lewis (2014) conclude that teacher aggression is a common teacher behaviour and is not the exception (Finkel, 2014). McCarthy et al. (2014) claim that teachers who learn how to reduce classroom management stress are less likely to utilise aggressive management techniques. However, they add that the underlying psychological mechanisms of teacher aggression remain unknown, so it is difficult to know how to reduce these responses.

2.5.3. Zero tolerance behaviour policies

The American Psychological Association (APA) (2008) defines zero tolerance as ‘a philosophy or policy that mandates the application of predetermined consequences, most often severe and punitive in nature, that are intended to be applied regardless of the gravity of behaviour, mitigating circumstances, or situational context.’ Advocates of this punitive approach claim that it prevents violence in schools by removing dangerous children sending a strong message to the remaining children (Gregory and Cornell, 2009). One of the key issues with zero-tolerance policies is that it does not allow for flexibility or consideration of the child’s intentions or their circumstances (Tebo, 2000). The introduction of zero-tolerance behaviour policies in school is believed to be a key factor in why exclusions from school have increased (Krezmien et al., 2006; Skiba and Sprague, 2008).

2.5.4. Children with challenging, violent and aggressive behaviour (CCVAB)

The term CCVAB was introduced by Thorley and Coates (2018) to encompass a wide range of previously applied acronyms for childhood challenging, violent or aggressive behaviour. The World Health Organization (2012) defines violence as ‘the intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation’. Crick (1996) makes a distinction between relational (verbal assaults and non-physical actions such as shouting) and physical aggression (infliction of harm). It is believed that whether violence is experienced, witnessed or perpetrated, it adversely affects the emotional and physical wellbeing of children (Janosz et al., 2008; Mrug and Windle, 2010). Victims of violence are at increased risk of long-term behaviours such as alcohol use and suicidal ideation (Centers for Disease Control, Division of Violence Prevention, 2015). Furthermore, it is

suggested that victims and witnesses of school violence often show indicators of depression, anxiety or anger (Mrug and Windle, 2010; Shukla and Wiesner, 2015). There needs to be consideration of the impact on those witnessing aggression and the risk of them going on to be a perpetrator of violence (Kirk and Hardy, 2014). It is widely understood that high rates of violence are also related to poor school climates and structures (Espelage et al., 2014).

Research has suggested, that creating a positive school climate (Wang et al., 2013), engaging community organisations within the school and involving caregivers (Espelage, 2014) are suitable preventative measures that should be adopted to achieve a violence-free environment. However, little is known of the impact of such initiatives on reducing the number of violent incidents in a school (Lauver and Little, 2005). Indeed, research by Afkinich and Klumper (2018) found that having violence prevention programmes and collaborating with community groups actually increased numbers of violent incidents on campus. They concluded that these initiatives alone are not sufficient to reduce violence and that schools need to adopt clearly communicated school standards and procedures in response to violent events. In contrast, Nakonechnyi and Galan (2017), in their research with 210 adolescents, used martial arts to develop behavioural regulation and found the children were able to self-regulate in other situations and developed positive perceptions of others.

2.5.5. Academisation

Adams (2015) reported that academies exclude at nearly double the rate of maintained secondary schools. It has been suggested by Messeter and Soni (2017) that a possible reason for these high rates of exclusion by academies is that they are driven by a need to have good academic results to attract funding to open new schools within an Academy Trust. A further issue is that academies do not fall under local authority (LA) scrutiny; they do have the same legal duties but do not have to follow LA guidance. Interestingly, Lewis (2016) shared that there are no academies in Scotland or Wales as their Governments have rejected the academy model. The most common reason for school exclusion nationally is persistent disruptive behaviour, which amounts to 34% of all permanent exclusions nationally (DfE, 2019b).

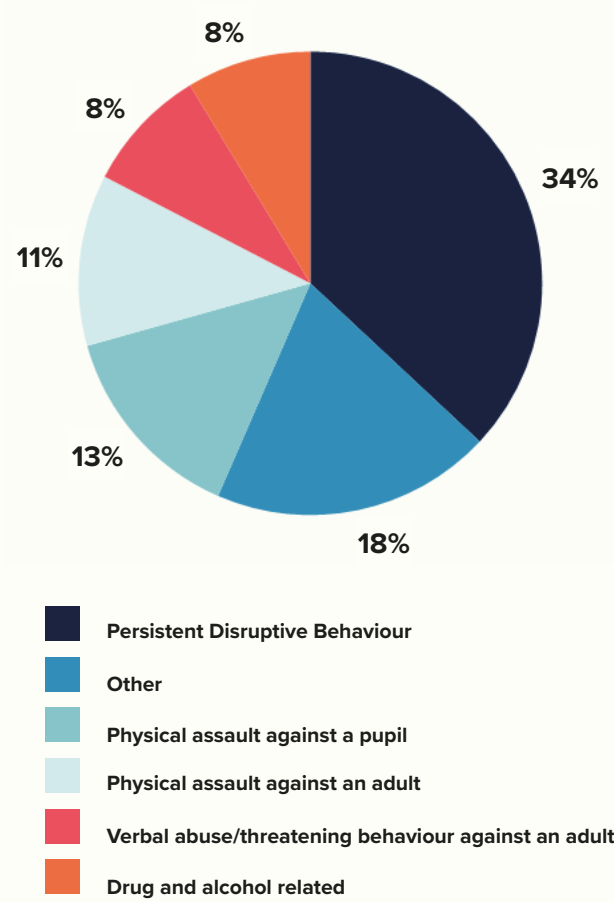


Figure: 6. Most frequently reported reasons for permanent exclusion in primary, secondary and specialist schools in England in 2017/18 (DfE, 2019b).

2.5.6. Issues with timely identification of neurodevelopmental, learning and emotional needs

Neurodevelopmental disorders (NDD) are defined as multifaceted conditions which are characterised by impairments in cognition, communication, behaviour and/or motor skills resulting from abnormal brain development (Mullin et al., 2013). They go on to state that intellectual disability, communication disorders, autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD) and schizophrenia are within the umbrella of NDD. Gill (2017) suggests that one reason why children are excluded from school is due to their needs not being identified by teachers. She proposes that many children do not have their needs formally recognised or that they fall below thresholds for classifications. Reduced funding for Child and Adult Mental Health Services (CAMHS) has implications for schools and increases the pressure on teachers to support children with complex needs (Association of Teachers and Lecturers, 2015).

2.5.7. Lack of resources to support diverse needs

The House of Commons (2018) present evidence that schools no longer have the financial resources to fund pastoral support, including teaching assistants, that would enable children to remain in mainstream school. In addition, schools reported that they exclude children so they will get the support they need in alternative provision and this will speed up the assessment of any underlying SEN. They believe the increased strain schools are experiencing in meeting the needs of children with SEND is due to greater national awareness of poor mental health and adverse childhood experiences.

2.6. What do children do during a fixed-period of permanent exclusion?

The reality is that when children are excluded from school, few demands are placed on them, and when they return to school, they receive minimal support (Obsuth, 2017). They further stated that schools are required to set and mark work for any exclusion that lasts for more than one day but are only required to arrange alternative provision from day six. Currently, the Department of Education does not have mechanisms in place to check to what degree guidelines for school exclusions are being adhered to (DfE, 2017a). The outcome is that what was intended to be a punishment is in fact a fully sanctioned school holiday (Dupper et al., 2009).

2.7. Who is most likely to be excluded?

It has been suggested that two main factors lead to exclusions: school policies and socio-cultural factors which take place outside of school (Strand et al., 2014). As Mills and Thomson (2018) report, it is the most marginalised young people who are most likely to experience school exclusion. One of the largest studies was by Logan et al. (2017) who analysed a British birth population to identify patterns in those excluded. The conclusion was that school exclusion was associated with child, family and school-related factors, which were identifiable at, or prior to, primary school age. This view has been supported in other studies, stating that other vulnerabilities include mental health issues, learning difficulties, experience of maltreatment in and outside of the home, poverty and other risk factors (Obsuth et al., 2017; Gill, 2017) such as Attention Deficit Hyperactivity Disorder (ADHD) (Zhang, 2004). Other characteristics for being at risk of school exclusion were: being male, lower socioeconomic status, maternal psychopathology, anti-social activities, bullied/ being bullied, low parental engagement with education, poor relationships with teachers, low educational attainment and SEN (Gazeley et al., 2013). Cole (2015) disputed this, suggesting that exclusion is a social issue due to disadvantage, family and societal difficulties, and a political issue due to schooling having a focus on standards. Gill(2017) agrees, expressing

that children excluded from school are the most vulnerable; twice as likely to be in the care of the state; four times more likely to have grown up in poverty; seven times more likely to have a special educational need; and ten times more likely to suffer recognised mental health problems.

Children with SEND: DfE (2017a) states that due to unmet educational needs, some children will find school difficult. Ofsted (2018b) reported evidence of heads of pupil referral units stating they had seen increases in the number of children with SEND, with younger children and girls being excluded in recent years. They also report that children with SEN support are five times more likely to have a fixed-period exclusion or to be off-rolled. They added that 27% of pupils with SEN support had a fixed-period exclusion last year (93,800). In alternative provision nationally, 77% have recognised SEND (DfE, 2017b).

Mental health: The IPPR (2017) estimates that one in two children in schools for excluded children have social, emotional and mental health needs. A recent analysis of exclusion data in Sunderland found that 49% of all fixed-period exclusions were given to children that have SEMH as a primary need (Martin-Denham and Donaghue, 2020b).

Low attainment: The most recent data set from the 2011 longitudinal analysis of school exclusions in England, which used the National Pupil Database, demonstrated a relationship between a child's key stage 2 result and exclusion. The lowest attaining children were 15 times more likely to receive a fixed-period exclusion than the highest attainers (Strand and Fletcher, 2011).

Poverty: Gazeley (2010; 2012) identified that there is over-representation of children from working-class backgrounds in school exclusion processes. It is understood that 55% of 5-10-year-olds and 40% of 11-15-year-olds in schools for excluded children are eligible for free school meals, compared to 14% of the general population (DfE, 2017b). The evidence suggests that poorer children are on average, four times more likely to be excluded than other children (DfE, 2017c).

Gender: National data shows that for every girl permanently excluded, three boys will be in the same position (DfE, 2017c).

Ethnicity: Some groups of children are disproportionately more likely to be excluded compared to the whole school population (DfE, 2019a). The DfE (2018) clarifies that black Caribbean children are three times more likely to be permanently excluded than those who are white British. They add that white Irish traveller and Gypsy Roma children have by far the highest rates of both fixed and permanent exclusions. Children in ethnic minority households are much more likely to be living in relative poverty (living in households below 60% median income) than children living in households headed by a white person (Shaw et al., 2016; Bhopal, 2018). White British children are over-represented in PRUs (70%) and black Caribbean children are taught in PRUs at four times the expected rate given their proportion in the national population (DfE, 2017b).

Adopted children: Children who have been in care are twice as likely to be excluded compared to those who have not (DfE, 2017d). Adoption UK (2017) conducted a UK-wide survey asking adoptive caregivers about their children's experiences of school with a focus on school exclusion. The results, based on 2,084 participants, confirmed that adopted children are more likely to be excluded for either a fixed-period or permanently compared to their non-adopted peers. The survey highlighted:

- **29%** had changed schools as a result of unmet needs in school
- **23.5%** had been illegally informally excluded
- **23%** of children had received a fixed term exclusion
- **14.5%** had been excluded more than 10 times in their school career
- **12%** were home educated due to unmet needs in school
- **4.7%** of adopted children had been permanently excluded.

Figure: 7. Adoption UK survey findings (2017)

2.8. The exclusions process

When a headteacher excludes a pupil, they must let parents know the type of exclusion and the reason(s) for it without delay (DfE, 2017a). They must also provide parents with the following information in writing (this can be by email if caregivers agree):

- The reason(s) for the exclusion
- The length of a fixed-period exclusion or, for a permanent exclusion, the fact it is permanent
- The parents' right to make representations about the exclusion to the governing board and how the pupil may be involved in this
- How many representations should be made, and
- Where there is a legal requirement for the governing board to consider the exclusion, that parents have a right to attend a meeting, to be represented at that meeting (at their own expense) and to bring a friend

(DfE, 2017a, p. 12).

Parker et al. (2016) and Hodge and Wolstenholme (2016) queried whether sufficient information about exclusion and referral is provided to caregivers and whether they are adequately supported through the process (see also Gazeley 2012). The House of Commons (2018) add that navigating the exclusions process is difficult for parents who often do not understand the system and feel the odds are stacked against them.

2.9. How are exclusions recorded?

Official records are kept for permanent and fixed-period exclusions in the UK, though it is widely understood that historically they have not been systematically monitored with many being unrecorded (Osler and Hill, 1999). The Office for the Children's Commissioner (2013) has reported that this continues to lead to underestimates in the number of school exclusions and the issuing of 'illegal' and unrecorded exclusions, which complicates the ability to understand the full extent of their use. Mills and Thomson (2018) report that there is an issue with a lack of shared understanding of the reasons for exclusion.

In addition, the problematic nature of the use of the category 'other' in the school census data was revealed in a study by Martin-Denham and Donaghue (2020b). They reported that 37.01% of all fixed-period and 16.04% of all permanent exclusions issued to all children in 2017/2018 were recorded as 'other', illustrating that the category is not being used as intended. This is despite the guidance from DfE (2017e) stipulating the 'other' category should only be used sparingly. The increased use of the miscellaneous exclusion category compounds growing concerns about the unreliability of exclusions data, as some exclusions are not recorded because they are illegal (OCC, 2012, 2013; DfE, 2013). The Institute for Public Policy Research (2017) calculated that 1,570 children sat their GCSEs in PRUs, who were not reported as being permanently excluded. They added that this was equivalent to 23% of the entire reported number of permanent exclusions. Gill (2017) agrees that there are children excluded from mainstream school who are not captured in any Government data sets.

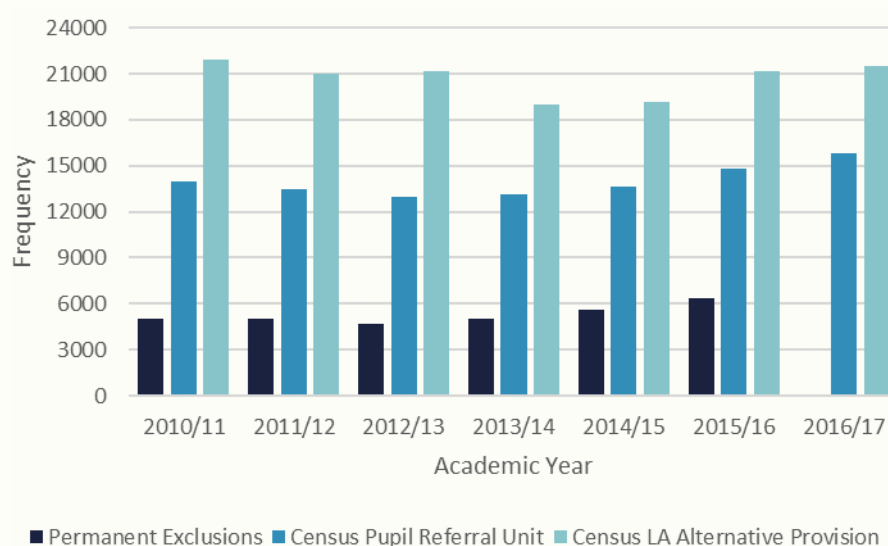


Figure: 8. Comparison of the number of permanent exclusions and the number of pupils enrolled in pupil referral units (PRUs) and alternative provision (AP) between 2010/11 and 2016/17 (adapted from Gill et al., 2017)

An added concern is that if schools use alternative offsite provision, it is not counted as an official exclusion, even though it is believed 23% of schools nationally use this as full-time provision for an entire academic year or longer (Smith et al., 2017). They add that schools are not obliged to report children taught offsite, so there is no way of knowing how many children are excluded through this loophole. Gill (2017) estimates this would be approximately 2,556 children.

2.10. Appealing permanent exclusion

Caregivers can dispute the decision of a governing body ‘not to reinstate a permanently excluded child’. They can do this by asking for the decision to be reviewed by an independent review panel (DfE, 2017a, p. 6). The statutory guidance clarifies that caregivers can also make a claim for disability discrimination to the first tier tribunal if they allege discrimination in accordance with the Equality Act (2010). The panel is not able to direct the school to reinstate but only to ask for reconsideration (Atkinson, 2017). DfE (2017a) guidance also confirms that caregivers have the right to an SEN expert at a review meeting to provide impartial advice to the panel.

2.11. What are the benefits of excluding children from school?

It is not clear in current research if, and to what extent, school exclusions are effective, as there is a lack of rigorous evaluation (Obsuth et al., 2017). Historical research by Skiba (2000) found that exclusion practices did not improve problem behaviours. Research by Theriot et al. (2009) and Bowman-Perrott et al. (2013) also found that exclusion is not likely to reduce disruptive behaviour as it does not identify the child’s underlying difficulties. Furthermore, many children experience multiple school exclusions. The DfE (2012) guidance supported that exclusion should trigger a holistic assessment of the child’s needs to identify and mitigate contributory factors. This continued into the current (DfE, 2017a) guidance, but the statutory duty says ‘should’, not ‘must’, allowing schools to avoid their duties. The reality is that it is unclear how often and how effectively such assessments take place (Paget et al., 2017). Gill (2017) clarifies that exclusion can be preventative (to access therapeutic or specialist education) or punitive (to punish a child, to disincentivise repeats of negative behaviours).

2.12. What are the consequences of excluding children from school?

Historical research has shown that school exclusion is associated with adverse consequences for both the child and the society in which they live (Parsons et al., 2001; Bagley and Hallam, 2016). Research by Humphreys and Lewis (2008) highlights that exclusion can have long term consequences for young people's life trajectories with damage that is wide-ranging and long-standing (Parsons, 1999; Munn et al., 2000; Manstead, 2014). Obsuth et al. (2017) believe that exclusion can weaken an already fragile relationship with schooling as it removes the fear of punishment and makes children feel rejection. They add that the reality is that exclusion should be a signal that the child and/or the school need help. Other research has highlighted short term consequences as a result of school exclusion, including psychological and practical impact on the child and their family (McDonald and Thomas 2003; Quin and Hemphill, 2014; Paget et al., 2016).

In the longer-term, school exclusion is associated with mental and physical ill health, substance misuse, antisocial behaviour, crime, low educational attainment, unemployment and homelessness (Daniels and Cole, 2010; Pirrie et al., 2011; Hemphill et al., 2012). A further consequence of school exclusion is linked to County Lines. The National Crime Agency (2020) use these terms to describe when drug gangs exploit children and others with vulnerabilities to sell drugs. They confirm that children excluded or disengaged from school can be targeted. In summary, those who experience school exclusion are more likely to be already disadvantaged, and exclusion further reduces life chances (Manstead, 2014).

2.12.1. The escalation in negative behaviours and shame

Skiba (2000) highlighted that past exclusion from school could predict future exclusion, suggesting 40% of those excluded will repeat the behaviours they were excluded for. It is believed that children who are excluded may show escalations in the behaviours that led to their exclusion, when they believe that exclusion was unfair (Piquero et al., 2004). They add that children may feel stigmatised due to the exclusion and deny feeling shame about what has happened. There is also the risk that the children will identify with labels assigned to them, leading to a self-fulfilling prophecy, as they continue the behaviours that led to the exclusion (Bernburg and Krohn, 2003).

2.12.2. Disengagement with schooling

Atkinson (2012) reported that there are significant consequences of being permanently excluded, which have ongoing implications. Some of these have been reported for several years, such as school disengagement (Reschly and Christenson, 2006), academic failure (Brown, 2007) and school dropout (Christle et al., 2005). We know from research that the long-term consequences of exclusion are significant; they are an obstacle to the 'education ladder of opportunity and social justice' (House of Commons, 2018, p. 3). Importantly, it is also acknowledged that school exclusion does not reduce disruptive behaviour as it does not identify and address underlying difficulties (Bowman-Perrot et al., 2013).

2.12.3. Attainment

School exclusion has featured in debates about the impact on attainment and achievement, both in the UK and internationally, and is also believed to limit a child's educational opportunities (Gazeley, 2010; Cole et al., 2013; Thorsborne and Blood, 2013). The Prince's Trust (2007) raised the concern that many children who have been excluded are known to have SEN and their disadvantage is further compounded by missing significant time in school due to exclusion. This is supported by Gill (2017), who shared that only 1% of children in 2014/15 who were excluded from school achieved five good GCSEs, including Maths and English. Perry and Morris (2014) found that children who attend schools that exclude are more likely to suffer academically, regardless of whether they themselves are excluded. This finding contradicts the argument that the disruption caused to other children is unfair and risks their educational achievement (Nogeura, 2003; Perry and Morris, 2014).

Research by the DfE (2016) highlighted that in 2013/14, 51.5% of children with no absences from school achieved level 5 or above at key stage 2 compared to 25.7% for those children who missed 10-15% of lessons. They also reported that at key stage 4, there was a decline from 78.4% of those who attended fully to 35.6% with 10-15% absence achieving five or more A* to C grades. The Institute for Education Sciences notes the relationship between non-attendance at school and subsequent poor behaviour (Faria et al., 2017).

2.12.4. Employment and training

As discussed above, there is a link between low levels of qualifications and absences from school (DfE, 2016). The highest numbers of young people 'not in education, employment or training' (NEET) are in the North East of England (Powell, 2018, p 9). The Organisation for Economic Co-operation and Development (OECD) (2016) defines NEETs as people between 15 and 29 not in employment, education or training, with around 40 million NEETs across OECD countries. There are a number of reasons why a person is categorised

as NEET, including disability (physical and psychological), caring responsibilities, lack of qualifications, bouts of precarious (self) employment, lack of opportunities and school exclusion. However, others may be in the situation due to a choice of some kind, e.g. travelling or pursuing an interest (Furlong and Cartmel, 2007).

Powell (2018) agrees, citing the DfE (2011b), which claims that young people were more likely to be NEET if they had their own child; had been excluded from school; had not achieved 5+ A*-C GCSE grades and those who were eligible for free school meals. Atkinson (2012) reports that 40% of 16-18-year-olds who were categorised as NEETS had been previously excluded from school. Furthermore, the DfE (2011b, p. 34) found that 'Young people who had either been permanently excluded or suspended from school in Year 10 or Year 11 were more likely to have experienced three or more spells of NEET between ages 16 and 19 than those who had not (13% and 8% compared with 2%)'. The evidence suggests a negative correlation between school exclusion and future ability to find employment, education or training. Children and young people who are excluded from school are more likely to find it difficult to get a job or training or further education, and therefore are more likely to be reliant on benefits and experience poverty.

2.12.5. Crime

HM Inspectorate of Prisons (2011) shared that more than half of young offenders in custody have at some point been excluded from school. Hayden (2003) and Pirrie et al. (2011) both highlighted that exclusion from school is associated with adverse outcomes, including anti-social behaviour and offending. This could be due to the exclusion itself, giving the child time and opportunity to spend time in environments conducive to crime (Wikstrom et al., 2012). Ofsted (2019b) recently discussed the criminalisation of young people carrying knives to school and whether it was a criminal offence when there was clear evidence of the child being at risk on a journey to or from school. Their research found that police officers use an inconsistent approach and that school leaders are biased in terms of who they would and would

not report. Some would be criminalised and others would not, even within the same school. The report clarifies that permanent exclusions are a necessary and important sanction, but schools should consider the best interests of the child at risk of exclusion alongside the need to maintain safety. The impact on and the risks to the child being excluded need to be considered, especially when their behaviour is not a risk to others.

2.13. Caregivers' views of school exclusion

Daniels (2011) acknowledges that the impact is also on the family who must deal with the consequences of exclusion and the stigma associated with it. Parker et al. (2016) found that caregivers reported similarities and differences in their experiences of school exclusion. They added that the exclusion was not experienced as a one-off event but as crisis following a time of fluctuating difficulties. McDonald and Thomas (2003) concluded that caregivers felt they were judged to be unworthy parents and that they were simply observers to the exclusion decision even though it had implications for their child's future education. More recently, Smith (2009, p.95), who interviewed caregivers of teenagers who had been excluded from school, reported their feelings of powerlessness, of being talked down to, criticised and labelled.

2.14. Alternative approaches to school exclusion

A core principle underpinning the Code is the notion of early identification and intervention to support better outcomes for children by reducing disengagement and any mental health challenges (DfE, 2015b).

2.14.1. Good practice in reducing school exclusion and supporting mental health

The House of Commons (2018) advocates the need for whole-school programmes such as personal, social, health and economic education (PHSE) alongside early intervention and treatment from CAMHS and health professionals.

Mills and Thomson (2018) identified two approaches to preventing school exclusion; changing the child or changing the school. They also found that support strategies to prevent exclusion focussed on addressing poor behaviour rather than identifying the root cause and underlying difficulties. Schools have varying approaches to how they manage behaviour; the effectiveness of these tends to be measured by the level of exclusions (Martin-Denham and Watts, 2019). Valdebenito et al. (2018) carried out a systematic review of school-based interventions, which were designed to reduce exclusions in mainstream schools. This was based on children aged four to 18 and considered 37 randomised controlled trials, 3 from the UK, 33 from the US and one undetermined.

Table: 2. Systematic review: Evidence-based approaches preventing school exclusion

Outcome	Approach	Researchers	Number of research studies reviewed/dates
School-based interventions cause a small and significant reduction in exclusion rates, but effects are not always sustained	A focus on the child (enhancing academic skills, counselling, mentoring and monitoring) and a focus on the school (training for staff)	Valdebenito et al. (2018)	37/2003-2014

Although useful, Valdebenito et al. (2018) concluded that school-based interventions cause a small and significant drop in exclusion rates but added that care needs to be taken around making conclusions, due to the small number of studies involved.

2.14.2. Communication with caregivers

Ofsted (2019a) clarify that the extent to which caregivers care about and are involved in their child’s education is undisputed. Embeita (2019, p.19) adds that families and schools are ‘intimately interlinked for a considerable period in the family’s development cycle and enter a dynamic two-way relationship. Dowling and Osbourne (2003) apply general systems theory to understand interactions with caregivers. They outline that schools operate in either ‘open’ (constant exchanges) or ‘closed’ (resisting change and little exchange of information) ways. For mutual understanding and collaboration, Rendall and Stuart (2005) suggest that systems must be permeable. The problematic relationships begin when boundaries become resistant, particularly during conversations about school exclusion as interactions are often framed by conflict (Embeita, 2019). However, communication with caregivers is fundamental for them to understand why their child has been excluded (Parker et al., 2016). Unsurprisingly, the literature all points to developing respectful and trusting relationships between schools and families (Mowat, 2009; Flitcroft and Kelly, 2016). However, the House of Commons (2018) and a study by Parker et al. (2016) highlighted that caregivers often felt ignored in their experiences of school exclusion. From the limited research involving interviews with caregivers, it is understood that successful

reintegration into education is facilitated by positive relationships between teachers and caregivers (Lown, 2005). Indeed, a positive school ethos and learning environments to reduce school exclusion have been the subject of research, which argues for a greater focus on children’s voices in curriculum design, teaching methods, school policies and employment of staff (Nind et al., 2012).

2.14.3. Class sizes

Blatchford et al. (2011) carried out systematic observations of 686 children in 49 schools and found that in primary and secondary education smaller class sizes resulted in children having increased individual attention from teachers. Other studies have reported that smaller class sizes, introduced at school entry with the youngest children, has a positive effect on academic attainment (Blatchford et al., 2003; Finn et al. 2003; Hart et al. 2011) and in improving communication and interaction with teachers (Gavalda and Qinyi, 2012). Research by Mills and McGregor (2016) and McGregor et al. (2017) supports these views, noting that children complained that they were lost or ignored in large mainstream classrooms.

2.14.5. Restorative justice

The restorative justice approach aims to address and repair relationships following negative social actions (Liebmann, 2007). Harold and Corcoran (2013) explain that it is based on the principle that actions can violate another’s rights and impact on social and community relationships. They believe the greatest asset of the approach is that it

allows schools to develop links between their disciplinary procedures and pastoral care. The focus is on how relationships can be restored, rather than the need to punish an individual (Restorative Practices Development Team, 2003). The approach asks key questions, such as ‘who has been hurt?’, ‘what are their needs?’, and ‘who is obliged to address these?’ (Zehr, 2002).

Sanctions for poor behaviours may be used (Thorsborne and Vinegrad, 2008) but should be negotiated by all parties (Galvin, 1999). This would ensure a balance between care, control, individual, community, accountability and support (Morrison, 2007). However, this approach is at odds with zero-tolerance policies, so introducing such programmes would require a paradigm shift to challenge embedded notions (Hopkins, 2004).

2.14.6. Alternative provision

Alternative provision includes education arranged by the LA for pupils, who due to exclusion, illness or other reasons would not otherwise receive a suitable education. Dual placements and part-time alternative provision can also be arranged by schools for those on a fixed- period exclusion or for sending pupils off-site to improve their behaviour (Ofsted, 2018b). Research by The Prince’s Trust (2016) and Thomson and Pennacchia (2017) show that schools see part-time and short-term alternative provision as respite for the child and school. They also add that alternative provision would allow the child to learn new skills and re-evaluate their motivations and aspirations. However, other studies have identified that schools can use AP as an ‘out of sight out of mind strategy’ (Barker et al., 2010; Gilles 2016).

Thomson and Pennacchia (2016) used evidence from seventeen case studies to argue that the most effective alternative provision involves joint planning between the current mainstream school and the alternative provision provider. The most effective alternative provisions address both social and academic outcomes (Ofsted, 2017; Gill et al., 2017; Shaw, 2017). Embeita (2019) interviewed caregivers following their child’s successful reintegration into

alternative provision and reported the receiving school seeing their child as a whole, listening to their views, committing to the process and providing regular communication. This echoes the view of Smith (2009) that caregivers need to feel that their circumstances and opinions are heard, valued and reviewed.

Types of alternative provision

The term alternative provision (AP) is used to describe a wide range of schools, including pupil referral units (PRUs), AP academies and free schools, hospital schools, and AP delivered by charities and other organisations such as independent and unregistered schools (House of Commons, 2018). These are for children of compulsory school age who do not attend mainstream or special schools for a range of reasons, including:

- Behaviour that has resulted in permanent or fixed-period exclusions, or an offsite direction by schools
- Health reasons including physical or mental health needs
- Where a child is awaiting placement in mainstream school

(DfE, 2018e)

Thomson and Mills (2018) share that children attend for a wide range of reasons including fixed and permanent exclusions, illness, pregnancy, complex SEMH needs and to improve behaviour. AP is different from mainstream schooling in that it has smaller class sizes and personalised tuition to meet individual needs. The House of Commons (2018, p.5) describes AP as ‘the forgotten part of the education system, side-lined and stigmatised as somewhere only the worst behaved pupils go’.

2.14.7. Nurture groups

Nurture groups are popular in schools to support the development of social skills in preparation for accessing learning (Kourmoulaki, 2013). The evidence base is not secure on the positive impact of nurture rooms, especially in secondary

education (Hughes and Schlosser, 2014). Ecclestone and Hayes (2009, p.36) argue that nurture groups are a form of in-school exclusion, as they remove children with behavioural difficulties from mainstream classrooms to provide routines and developmental strategies to improve organisation skills, self-control and awareness. Norwich (2014) adds that policies such as these are motivated by a perceived negative impact on school and cohort attainment in national assessments.

The next section describes the methodological approaches used to answer the following research aim and objectives:

Research aim

To investigate the benefit of school exclusion on those excluded from school and their caregivers

Research objectives

The objectives of the research were to:

- Establish the impact of school exclusion on the child and their family
- Explore the effectiveness of the process of school exclusion
- Determine the drivers for school exclusion
- Explore the impact of school exclusion on caregivers
- Determine the effectiveness of alternative provision
- To produce a report with supporting evidence to inform provision planning and training for education professionals within the local area of Sunderland

3. Methods

3. Methods

This section presents the approaches and procedures adopted when the research was carried out. The subsections cover the author’s philosophical perspective, data collection methods, sample information, sample recruitment, ethics, data preparation and analysis.

3.1. Paradigm

The term paradigm was believed to be first used by Kuhn in 1962 to describe a philosophical way of thinking. Paradigm from an educational research standpoint is a term used to share a researcher’s ‘worldview’, a perspective, school of thought or set of beliefs that are used to interpret meaning from research data (Guba and Lincoln, 1985; Mackenzie and Knipe, 2006; Kivunja and Kuyini, 2017). A paradigm can be divided into four components: epistemology, ontology, methodology and axiology, that ultimately link research philosophy to practice and output (Newby, 2014). For research that involves a level of interpretation, it is important for the researcher to disclose their underlying philosophical perspective, as this directly impacts how the data are collected, analysed and presented (Kivunja and Kuyini, 2017). The aim of the research was to investigate the nature of school exclusion on those who had been excluded from school and their caregivers. In order to better understand these individual experiences, an interpretivist perspective was employed, which aligns itself to the assumption that phenomena have multiple, subjective interpretations (Guba and Lincoln, 1994). To capture these subjective experiences, qualitative data collection methods were used, as it is typical in interpretivist research (Silverman, 2000; Nind et al., 2012).

3.2. Methodology

Methodology is described by Crotty (1998) as the strategy or plan of action which lies behind researchers chosen methods. It is concerned with why, what, from, where, when and how data is collected and analysed (Scotland, 2012). Similarly, Keeves (1997) states methodology is a term which refers to the research design, methods, approaches and procedures used to find something out. This includes how data is to be gathered, the selection of participants, the methods to be used, the approach to data analysis; these are all under the umbrella term of methodology. As the research seeks to understand the nature of school exclusion from an individual’s perspective in relation to factors that impact on mental health and wellbeing, interpretative phenomenological analysis (IPA) was chosen (Smith and Osborn, 2015) (see Fig. 9). The assumptions of IPA are that individuals are limited by their present conditions but can make choices, known as situated freedom (Webb and Welsh, 2019).

Characteristics of IPA are as follows:

- Significance of the phenomena of interest
- Strong consideration of the researcher’s philosophical position
- Qualitative data collection methods and analysis
- Yielding a rich description of the phenomena of interest (Cresswell and Cresswell, 2013)

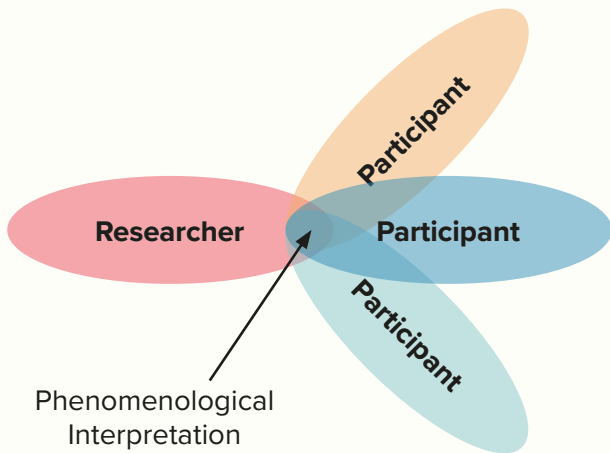


Figure 9: Phenomenological interpretation

Figure 10 presents the stages that informed the procedure for this research.

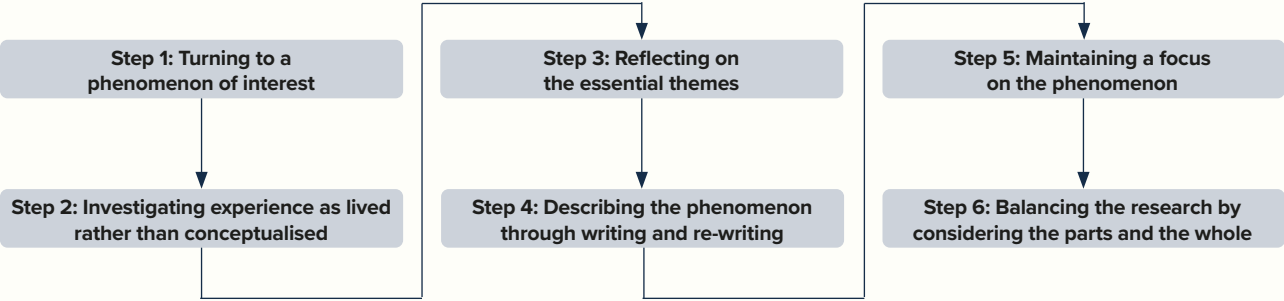


Figure: 10. Phenomenological investigation steps (adapted from van Manen, 1997)

3.3. Methods

Researchers use a variety of techniques and methods to investigate how individuals interpret and construct their reality; these include observations and interviews. This research used a series of semi-structured interviews on a one-to-one and group basis. Semi-structured interviews rely on a set number of questions and a flexible, adaptable style to allow for sufficient breadth to be explored (O’Leary, 2004). The term ‘conversation’ was used in place of interviews when conducting discussions with children and young people. All interviews were recorded using a Dictaphone and transcribed (verbatim), excluding identifiable information.

3.4. Participants

The final sample consisted of 165 participants. These included 55 children and young people, 41 of their caregivers, 55 headteachers across types of provision and 14 special educational needs co-ordinators (SENCOs). A summary of the participant sample is given below.

Table: 3. Participant sample summary

Group	Number	Group	Number
Children	55	Professionals	69
KS1	20	Nursery headteachers	4
KS2/3	15	Primary headteachers	28
KS4	20	Secondary headteachers	9
Caregivers	41	Specialist headteachers	4
Caregivers of KS1	4	ARP/AP headteachers	10
Caregivers of KS2-3	16	SENCO	14
Caregivers of KS4	21	Health and Support	

3.5. Participant recruitment

Purposeful sampling was used to recruit participants, and is defined as the identification and selection of participants who are experienced or knowledgeable on the research subject of interest (Palinkas et al., 2015). Before any recruitment began, the principal investigator met with gatekeepers and informed them of the research. This was so that headteachers could brief school staff on the purpose of the research and allow staff to share information with children and adult participants. Letters were sent to caregivers to provide further information and explanation of the research process, ethics, rights and analysis. These were followed up by phone conversations from either the school or research director. All participants were given an opportunity to take part and were informed of the requirement for their voluntary consent and their right to withdraw within six months of the interview taking place (British Educational Research Association, 2018). The interviews were conducted between September 2018 and June 2019.

The children were recruited from alternative provisions within the City of Sunderland, following a gatekeeper’s permission. The children’s ages ranged from 5-16 years and, other than key stage 1, all had been permanently excluded, although many also had fixed-period exclusions. Two of the children in key stage one had permanent exclusions. The remaining children in this cohort were identified by their mainstream school as being at risk of school exclusion. None had education, health and

care plans and none of the caregivers reported that their child was on the SEN register during their time in mainstream school. At the time of holding the conversation with the children in their alternative provision, they were on the SEN register and some had diagnoses of autism, ADHD and SEMH..

The caregivers were recruited from the same alternative provisions, and all caregivers and children were invited to be part of the project. The headteachers and SENCOs were invited by the funder and the University research team to take part. This ensured a balance of high and low excluding schools, and a range of Ofsted rated schools were included as part of the sample. When schools did not consent to take part in the research, replacement schools were sought.

3.6. Ethical procedures and compliance

All research, especially social research where the focus is on a sensitive issue, needs to be ethically grounded and gain ethical approval. This research was subject to rigorous ethical scrutiny and gained full ethical approval from the University of Sunderland’s Ethics Committee in March 2018, a body well-versed in the complexities and issues involved in such research. Alongside this, the BERA ethical guidelines (2018), the NSPCC research ethics committee guidance for applicants (2012) and the Economic and Social Research Council (ESRC) Framework (2015) for guidelines on good research conduct were used, to ensure best practice in the research design, delivery and safeguarding of all participants. The sections

below presents the process of gaining informed and voluntary consent from participant groups.

3.6.1. Caregivers voluntary and informed consent

BERA (2018) instructs that it is fundamental research practice to obtain voluntary informed consent before any research is carried out.

1. The information sheet and consent form were shared with the gatekeepers and school staff, who then shared it with caregivers. They also gave a verbal explanation of the research, its purpose and the requirement of voluntary informed consent.
2. Before the interview was carried out, written and verbal consent was confirmed.
3. After the interview, caregivers were asked if they would consent to their child participating in the research. This involved sharing the list of questions children would be asked so that the caregivers could make an informed decision. The caregivers also had the option of being present during their child's conversation building trust and cooperation (Greene and Hill, 2005). For children who were designated as 'looked after', consent was sought from their foster carer and social worker.

3.6.2. Children's voluntary and informed consent

The difficulty with this research was in ensuring that children and young people had accessible age and developmentally appropriate information to make an informed choice to take part. School staff were responsible for sharing the purpose of the research with all children and for gaining initial consent from them. Consent was also sought prior to the conversation taking place with the researcher, to provide further opportunity for the children to change their mind, as participation is not based on a singular decision (NSPCC, 2012). A detailed process for informed consent is outlined below.

1. Following gatekeeper and caregiver consent, school staff explained the research, including its purpose, to the children and young people. A list of children who were interested in taking part was created and kept on school premises. If the caregiver consented to their child taking part but the child did not want to, they did not participate in the research.
2. The location of the conversation was agreed as the child's school in each case.

On the day of the conversation, the researcher reiterated the purpose of the research and related information to the child and any adult who was present. This included, but was not limited to, confidentiality, conversation length (20-30 minutes), their right to say 'stop' at any time, and their right to not answer any question they felt was difficult to talk about. Formal informed consent was sought using a comic strip that used emoji faces with 'yes' 'no' next to them, to allow children to indicate their decision.

3. The inclusion of words next to the emojis was important, as it allowed children who were not able to identify with the emotions depicted on the emojis, to still inform the researcher and caregiver of their decision.

All children were given the opportunity to ask questions about the research, process and nature of the conversation. This was important,

as it gave them time to reflect on their previous decision to take part during discussions with gatekeepers and school staff. Children who did not consent to either their caregiver or researcher did not take part. For children in the early years and key stage one, a member of staff from their school led the conversation, acting as a safe and familiar adult.

4. The dates and times of the interviews were flexible, allowing children to participate while not affecting the attendance of their favourite lessons and/or activities. Gibson (2012) suggests that the interviewer should engage in activities with the children prior to any interview, to promote the enjoyment of the process and to also create a partnership that fosters trust while reducing the power differential. This is especially important in adult-dominated places such as schools, where children have less control (Punch, 2002) and particularly important, given the nature of the research, to build a relationship with the child to enable valid and reliable data. Therefore, the researcher engaged in activities with children in key stage 2 before the conversation took place.

3.7. Specific ethical considerations for the conversations with children

Careful consideration was given to how children and young people could safely be involved in the research. Avoiding personal and/or social harm to participants and those conducting research is the key aim of published ethical guidelines (NSPCC, 2012). These guidelines acknowledge that causing harm or upset during the research process can never be prevented. However, for the current research and in liaison with schools, ‘aftercare’ was discussed and protective processes were implemented for any child needing support following the conversation. The following main risks were identified during the ethics application process:

- Evoked traumatic memories or feelings about school exclusion

- Questions asked could uncover suppressed or new feelings
- Child protection
- The child could worry about what was said during the conversation

It was extremely important to get an insight into the views and experiences of children who received a school exclusion. For the children to feel safe when participating and to mitigate the outlined risks above, among others, the following processes were put into place:

- A caregiver or familiar adult, such as the designated officer for safeguarding, was in attendance during each conversation with children
- Protocols were in place with schools and researchers, should there be any disclosure of child protection concerns or other safeguarding issues relating to adults in the study (NSPCC, 2012)

Discussions were held with the schools prior to any conversation with children on the protocols if a child became distressed during the interview. If the questions are of an appropriate nature for the research and the distress is not deemed excessive, the conversation can be considered ethical if they agree (NSPCC, 2012). The questions during the conversation were ordered in such a way that the more

- Sensitive questions on school exclusion were halfway through the interview and a positive discussion about their achievements and aspirations was included at the end
- Aftercare protocols for children and caregivers were put into place and were available following the interviews and conversations. This included schools asking the children how they were feeling and whether they had any support needs

3.7.1. The ‘conversations’ with children

During the earliest conversations with gatekeepers, it was agreed that children in key stages 2-4 would be suited to conversations with the research team but those in early years and in key stage one would have their views captured by alternate means with the school staff. This was agreed as young children would have likely been more wary of strangers (Gray and McIlmoyle, 2004). Additionally, it was important to adhere to questions, consent and information to the children’s developmental ability, understanding and communication competences (Gibson, 2012). This ensured that the children voluntarily agreed to participate following caregiver and gatekeeper consent.

3.7.2. Upholding children’s rights

Along with BERA (2018) and NSPCC (2012) guidelines, the principal investigator also ensured the research was in accordance with Articles 3 and 12 of the United Nations Convention Rights of the Child (UNCRC) (1989) for conversations with participants who were under the age of 18 (see Fig. 11).

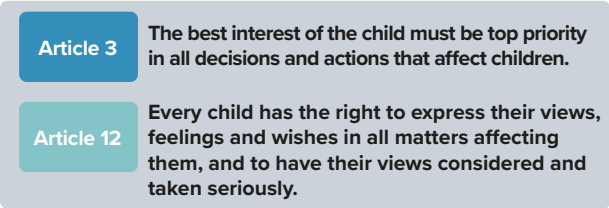


Figure: 11. Articles 3 and 12 from the United Nations Convention Rights of the Child (UNCRC, 1989).

3.7.3. Withdrawing consent

Participants were notified of their right to withdraw from the research during or up to six months afterwards via the information sheet, consent form and discussion with school staff and the research team. Processes were put into place for any participant who wished to withdraw from the study. For example, it was agreed that school staff would inform the principal investigator should a child wish to withdraw their consent (BERA, 2018). There were some children changed their minds on the day and were therefore not interviewed.

One child decided during the conversation that he did not want his voice recorded on the Dictaphone and instead chose to draw what he enjoyed about his new school. No participants withdrew consent following the interviews and conversations.

3.7.4. Ethical dilemmas

One specific ethical consideration involves ethical dilemmas which are: non-predictable events that can occur during the research (Kutrovátz, 2017) and can be described as ‘ethically important moments’, or ‘micro-ethics’ (Guillemin and Gillam, 2004, p. 265). In relation to the current research, ethical dilemmas refer to possible situations during conversations with children that may arise. These could include body language signs (head down and eyes to the floor) or verbal language indicators such as utterances of ‘mmm’ or inability to form sentences that would suggest the child was feeling uncomfortable (Phelan and Kinsella, 2013).

There were two instances of ethical dilemmas when children were asked about their experiences of school exclusion. One child froze completely, and the other child looked away. In these instances, it was immediately decided that it was not in the best interest of each child to continue with the research questions. Both children instead led discussions on topics they enjoyed, which included Christmas and a new therapy dog. These instances demonstrate how formal ethics approval is not always enough in managing unpredictable events, and highlights how it is sometimes down to the researcher’s judgement, with the child and a safe adult, as to whether conversations proceed. A key factor when judging a situation or critiquing research as a whole, is the notion of reflexivity. Guillemin and Gillam (2004) suggest that ‘adopting a reflexive research process means a continuous process of critical scrutiny and interpretation; not just in relation to the research methods and the data, but also to the researcher, participants and the research context’ (p. 275). For the research to remain ethical, a combination of good ethical practice, reflexivity and formal ethical procedures were employed (Christensen and Prout, 2002).

3.7.5. Disseminating research findings

It is important to consider disseminating research in the most relevant and beneficial way to a range of audiences (BERA, 2018). This was discussed with caregivers and children, and it was decided that an additional two freely available versions of the report would be produced by April 2020.

3.7.6. General Data Protection Regulation (GDPR)

GDPR concerns how data are acquired, held, used and applied to countries within Europe. The legislation came into force on 25th May 2018, replacing the Data Protection Act 1998, and introduced increased expectations of how organisations process data. A key difference from prior legislation was informed consent and increased transparency regarding the use of personal data. These new standards were not designed to impact negatively on research but to enable and reflect good practice and safeguards (NHS, 2018).

Considering this, the necessary steps were taken to maintain GDPR compliance. Participants were provided with information including the purposes for processing their personal data, retention periods for the data and who it will be shared with, known as privacy information (Information Commissioner’s Office, 2019). The participants were informed of where and how the audio recordings would be stored, and the process of anonymisation. They were advised of when the original recordings would be deleted and the timeframe for the publication of the reports. It was made clear that although the original recordings would eventually be deleted, the transcripts would be retained for future publications by the principal investigator. The right to withdraw, with time frames in accordance with BERA (2018), was also made explicit. All information sheets and consent forms used in the research were also GDPR compliant in that:

- They were concise; they used clear, plain language; and were easy to understand

- They were adapted to each audience
- They were provided by appropriate means; for example, were participants who could not access the written form, verbal consent was obtained

3.8. Analysis strategy

Qualitative analysis follows a similar analytical process of seven steps: creating the research question to be explored, selecting the appropriate sample to analyse, defining the categories to be applied, planning the coding process and reviewer training, carrying out the coding process, evaluating the trustworthiness and analysing the data (Kaid, 1989). The data analysis sections outline the strategy employed. Summative content analysis was used to analyse data and involves counting and comparing keywords within the data, followed by the interpretations of the underlying meaning (Hsieh and Shannon, 2005). The process began by reading and rereading every transcript to immerse and become familiar with the data (Tesch, 1990). Coding then followed for each participant subgroup, which involved, highlighting passages of text and attributing a suitable name to each (Miles and Huberman, 1994; Morgan, 1993; Morse and Field, 1995). The qualitative analysis program, nVivo 12 Pro, was used to code and arrange data into emerging themes (see Fig. 12).

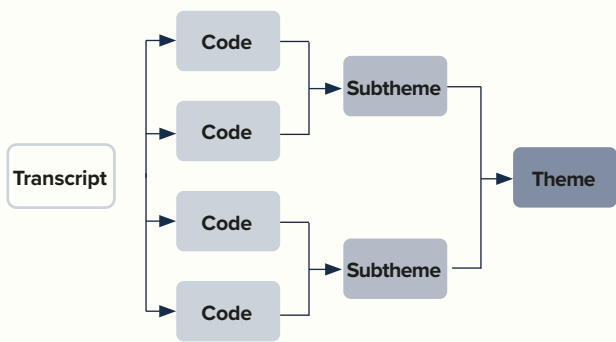


Figure: 12. Example of the coding process used in the content analysis.

Transcripts were coded by participant group using a continuously updated coding list. A coding list limits cognitive load and maintains reliability when analysing many transcripts (Morse and Richards, 2002). Codes emerged from the data and were continuously revised, merged, split and reviewed in preparation for analysis. Examples of the emerging codes are given in the figure below.

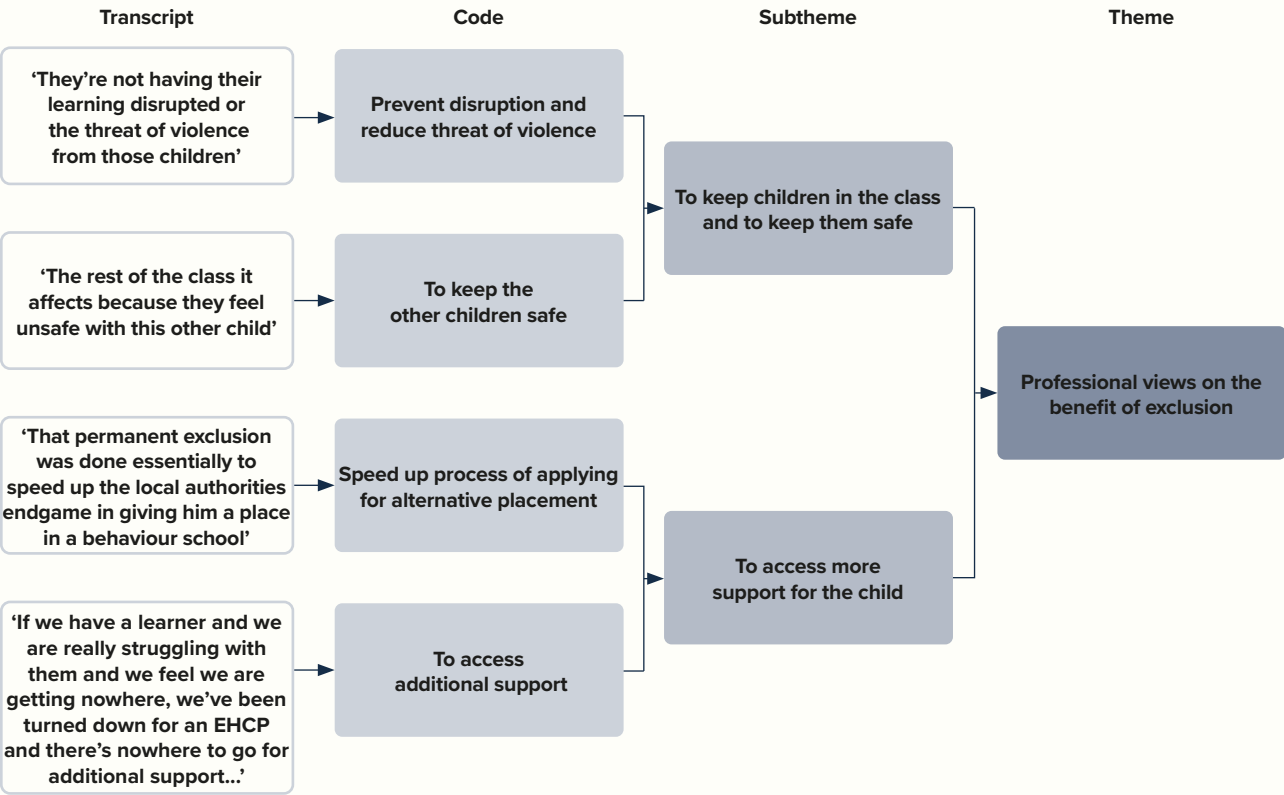


Figure: 13. Example of the coding process with transcript excerpts, codes, subthemes and theme.

3.9. Limitations

It can be argued that the research team would have reflected on their own meaning when coding and analysing data. However, controls were put into place to allow for codes and themes to emerge from the data rather than being imposed. This was to keep descriptions as true to the participants as possible. To achieve this, researchers carried out what is known as 'bracketing', where preconceptions are held throughout the research process to minimise influence. Quality assurance was carried out with separate members of the research team on all transcripts and at all stages of analysis. This limited interpretation bias, helping to maintain accuracy overall. Although this study is large in comparison to research on similar topics, discretion should be held before generalisations are made, as the research represents the voices of those who participated. Further limitations include:

- The sample is not representative of children across the UK who have experienced exclusion from school
- The sample does not include children who had no experience of school exclusion as a point of comparison
- The participants were all selected from one City as the governing authority commissioned the research. While some participants had moved into the local area from other areas across the UK, only direct experiences of education in Sunderland were reported on

3.10. Strengths

This research study elicited views from a reasonably large group of caregivers and professionals from education and health services. It is not realistic to claim generalisability of finding beyond the voices of those interviewed, but it is believed aspects of this research would be transferable to other local areas in England. The research team ensured the open-ended questions allowed all participants to share their experiences without any restriction on the length of the interview. It is hoped the findings of this study will contribute to our understanding of the impact of school exclusion on children and their families.

4. Analysis

4. Analysis

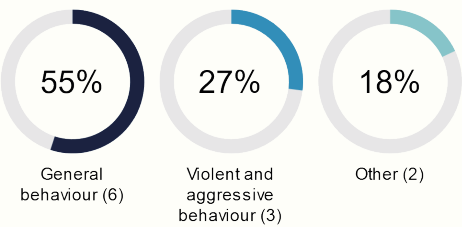
This section presents the analysis of data collected from children and their caregivers who experienced exclusion from school. It also includes the voice of education professionals who have supported children and families during this time. The children in KS1 were predominantly on the roll of a mainstream school but accessing alternative provision on a temporary basis (only two had been permanently excluded). All the children in KS2, 3 and 4 were taught in alternative provision (AP), following fixed and/or permanent exclusion from school. For some, this was a temporary arrangement for 12 weeks, after which, if a place was available, they would return to mainstream school or another provision. For ease of reading and where there was substantial data, themes were broken down into constituent sub-themes in order to present the content in an accessible manner.

4.1. Children’s perceptions of why they were excluded from school: KS1-4

Thirty-six children responded to this question on why they were excluded from school, generating 62 references:

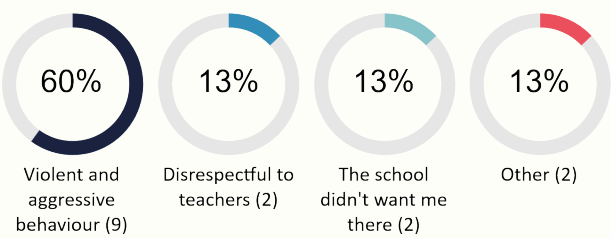
- 11/20 children in KS1 (11 references)
- 11/15 children in KS2-3 (15 references)
- 14/20 children in KS4 (36 references)

4.1.1. Children’s perceptions of why they were at risk of exclusion from school: Key stage 1



Of the 11 responses from KS1, over half articulated what could be described as low-level behaviours such as **‘being naughty, not following instructions’** and **‘because I would be silly’**. Within the comments, the children perceived they were unable to be in mainstream school because of their behaviour. Some of the children were able to share their feelings as they reflected on mainstream schooling as **‘I was sad’** and **‘I was having problems’**. Three children said they could not stay in mainstream school due to them **‘hurting people’** or **‘because of my anger issues’**. The remaining two felt they could not stay in mainstream school **‘cos it’s too tricky and the teachers are mean’** and not knowing why **‘no, I don’t know why I was excluded’**. The challenges the children encountered could be indicative of early signs of unrecognised or unmet learning needs as suggested by Parker et al. (2016). All of these children were accessing support from a key stage 1 alternative provision, which shows that they were identified by the mainstream school as requiring specialist support.

4.1.2. Children’s views on why they were permanently excluded from school: KS2-3



Eleven children from KS2-3 out of a possible 15 who shared their recollections of why they were excluded from school. The most common reason related to aggressive and/or violent behavioural responses such as **‘flipping tables and being angry’** and **‘fighting and fracturing a teacher’s wrist’**. This contrasts with KS1, where the prominent reason was perceived to be due to general low-level behaviours. In KS2-3, three of the responses related to fighting, three related to what they described as **‘kicking off’**, the remaining responses were **‘biting’**, **‘assault’** and **‘anger’**. The children used language to describe the reasons such as **‘the new head wound and wound me up until I kicked off so he could get me out’** and **‘I used to kick-off, they couldn’t handle me’**. One child described how she got into fights in response to the actions of others and to advocate for or protect others saying **‘I had fights 10 with boys and three or four with girls, because one tossed a bottle off my head, another called me a slag, one was laughing about cancer’**. During the conversations with the children, it was apparent that they found aspects of mainstream school difficult and the physical aggression was the outcome of frustration built up over time. Clearly, there could be a detrimental impact on those children who

perpetrate and witness these acts of violence in school as suggested by Janosz et al. (2008), and Mrug and Windle (2010). These behaviours support the need for embedding whole school approaches through PHSE, as advocated by the House of Commons (2018), and coupled, where appropriate, with early assessment and intervention from health professionals. This would allow for understanding the root cause of underlying difficulties, whether they are health or education-related factors (Mills and Thomson, 2018).

Two children said they were excluded from school for being disrespectful to teachers **‘I didn’t like them screaming at other people, so I would scream at them, then they would scream at me, so I got myself into it more’** and **‘I was really horrible to teachers’**. Two children felt the school did not want them there **‘just for being me, they didn’t like me, I didn’t like them’** and **‘to be honest, they just wanted me out, they really didn’t want me there’**.

The children shared their responses of shouting and non-physical actions (relational aggression as described by Crick, 1996) but felt their behaviours were justified as they felt they were provoked. From these comments, it could be suggested that these teachers may have challenges with managing and regulating their own behaviour, which may have contributed to the increase in challenging behaviours from some of these children. It may be of benefit to provide targeted training that is specific to supporting children with challenging, violent and aggressive behaviours (CCVAB). The children also described how they felt the teachers did not like them and did not want them to be in the school. Both perceptions were echoed by the caregivers in their interviews (see section 4.4.2).

4.1.3. Children's views on why they were permanently excluded from school: KS4

Fourteen out of 20 KS4 children shared why they were excluded from school, with 58 references. Most of the reasons were markedly different from the other key stages. The predominant reason children in KS1-3 recalled for being excluded from school was challenging, violent and aggressive behaviours, whereas in KS4 it was low-level disruption or not adhering to school rules. Fourteen of the children said they were excluded for general behaviours, categorised as follows:

Making others laugh	'Yeah, I was trying to make people laugh cause everyone was bored. It was inappropriate'
Hood up when outside	'The head would make us stand outside for 20 minutes to have uniform checked; we would put our hoods up... we would be taken out of the line if you had your hood up'
Wearing makeup	'One time was because I refused to take my makeup off. They took me to the headteacher's office. I was trying to plead to her 'would you want your makeup wiped off?' They would literally put baby wipes to my face, and they would wipe my makeup off my face. They wouldn't let me wear it. I was crying'
Multiple factors	'False tan, make-up. Nails. Not correct shoes. Refusing to wear their shoes. General behaviour. I was really naughty in Year 9, but then in Year 10, I started sorting myself out a bit. But by then, the teachers just didn't like me at all. I used to be in the corridors for every science lesson. Teachers would tell me to put my earphones in and go to sleep on the desk' 'Uniform, makeup, forgetting pencils and rulers'
I hated teachers	'I just hated the teachers'
My behaviour	'I got kicked out of my first Secondary because I was just turning into a little shit'
Walking out of lessons	'Kicking off. Walking out of lessons. There were different reports. If you were bad, you would get an 'X'. If you got a certain amount of 'X's, you would get punished. I think I got excluded for that'
Not going to lessons	'Not going for a lesson'
Swearing	'Swearing and doing loads of shit. Isolation, as well. Because I didn't like people. I didn't like some teachers'
Having my mobile phone out	'I think it was because I had my phone on me truthfully. I was in isolation and I had my phone on me and I had it out. I refused to give it to the staff. So they kicked me out for that'

My sibling did not behave

‘My siblings... when they were in that school, they were naughty. My cousins as well. So, they thought I was like that. So, they picked me out straight away. My sister was kicked out for something she didn’t do... They started blaming me for things, so I thought I would give them something to blame me for’

Unsure of the reason

‘I didn’t even know what I was doing then. I was just finding my feet’

The reasons recalled by the children appear to contravene the Education Act (2011), which states that the headteacher can only exclude a child due to a serious breach of the behaviour policy and where allowing the child to remain would harm the education or welfare of other children. Based on the children’s views, it is hard to see how these would be justified reasons for giving a child a fixed or permanent exclusion as they are not rational, proportionate or fair, as dictated by the European Convention of Human Rights, 2012. In addition, some of the caregivers and the children themselves were able to share the contributing factors that led to these low-level behaviours, which, rather than indicating a need for exclusion, demonstrate a potential need for bespoke support (such as body dysmorphia or neurodiversity).

4.2. Children’s views on how permanent exclusion made them feel: KS2-4

Children in KS1 were not asked the question, however 11 children across KS2-4 responded with 13 references:

- 7/16 children in KS2-3 (7 references)
- 6/20 children in KS4 (6 references)

4.2.1. Children’s views on how permanent exclusion made them feel: KS2-3

Four children said that they wanted to leave mainstream school. Two felt sad at leaving their friends and another child described their feelings as being **‘in the middle’**.

- **‘I wasn’t bothered. I said I wanted to leave from the start’**
- **‘Happy’**
- **‘Glad... Glad to be back. Anywhere would have been better than there’**
- **‘At the time, I wanted to leave’**
- **‘I was there for quite a long time. But then I left all my friends. I was a bit sad’**
- **‘I miss my friends; they were a big part of my behaviour; they would help me and tell me to stop acting up’**
- **‘In the middle, I couldn’t really tell’**

These results indicate that these children, overall, wanted to leave mainstream school, but they felt sadness at leaving established relationships with peers.

4.2.2. Children’s views on how permanent exclusion made them feel: KS4

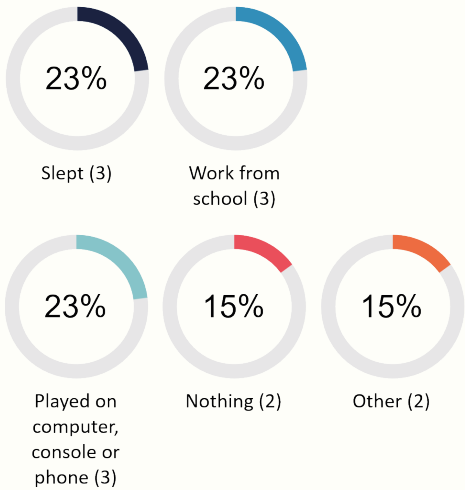
Six children out of 20 children from KS4 shared how their school exclusion made them feel. Their views generally reflected children in KS1-3 and their comments are shown below.

- **‘I was disoriented like no tomorrow. I was like Tom Hanks in Castaway. I had no one’**
- **‘It was the best day of my life. I hated it there. It was crap’**
- **‘Getting kicked out was mint, exclusions are boring though’**
- **‘I forgot how to read and write, how to add and takeaway, it was hard when I started my next school. I wouldn’t do any work... I still can’t read properly yet’**
- **‘I didn’t see it as a punishment. I don’t get how giving a couple of days of school is a punishment’**
- **‘Relieved’**

The responses from children were mixed, with one child reporting feeling a sense of abandonment and others describing relief. A child who talked about being unable to read and write spoke about how he was sent home from school with a computer and did not return for two and a half years but remained on the school roll. He felt his inability to read and write was likely to be a direct result of not attending school; his anger at this was palpable during the conversation. This child’s comments support findings that there are adverse consequences associated with school exclusion, including low educational attainment (Daniels and Cole, 2010).

4.3. What children did during their fixed and permanent exclusions: KS4

This question was asked of the children in KS4 only, with half of the 20 children responding with 13 references overall.



What children do with their time during exclusion is currently an under-researched area. Three children described how they would sleep all day to help the time pass. Equally, three children talked about having to complete work sent by the school **‘I just started doing work online, tests and stuff, to keep myself busy’** and **‘my mum was strict...she made me sit and do school work in the house’**. A further three children talked about playing on the computer, games console and/or phone doing non-school related activities. This could suggest that they either did not have school work to do or chose to do other activities. Two children cited doing nothing with their time and one child said they **‘just went out with people who don’t go to school’**. Another child was part of an academy of schools and recalled going out of the area to another school during their exclusion. What became apparent was that many appeared to be unsupervised during their exclusions, as their caregivers were employed during the school day. These findings indicate that during a school exclusion, these children were largely bored and unstimulated, which could perpetuate disengagement with schooling. These experiences appear to support research that school exclusion limits a child’s educational opportunities (Gazeley, 2010; Cole et al., 2013; Thorsborne and Blood, 2013).

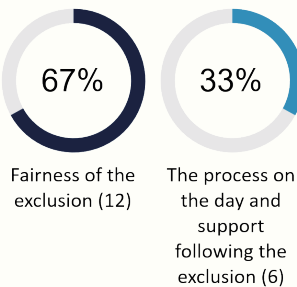
4.4. Caregivers’ views on the fairness of fixed and permanent school exclusions and the exclusion process

Twenty-eight caregivers shared their views on the fairness of school exclusion, with 67 references:

- 12/20 caregivers of children in KS1-3 (18 references)
- 16/21 caregivers of children in KS4 (49 references)

4.4.1. Caregivers’ views on the fairness of the fixed and permanent school exclusions and the exclusion process: KS1-3

Overall, 12 of the 20 caregivers of children in KS1-3 responded to this question and shared their experiences on the fairness of the school exclusion and process, creating 18 references.



4.4.1.1. The fairness of the exclusion: KS1-3 caregivers

Of the 12 caregivers who spoke about the fairness of exclusion, all felt it was unfair. One of the main reasons was that they felt their mainstream school should have been more accommodating of their child’s needs, **‘they gave it ten days and got rid, he has autism and was in crisis, he was saying things like I want to live in heaven where I can be away from all the nastiness of school. Autism outreach had just been in the day before and put a comprehensive plan together. The day after - gone’** and **‘if he’d had the support, he**

wouldn’t have been excluded... he grabbed a couple of kids because he was overwhelmed. They said it was for safety; I just thought it was wrong’. One caregiver felt that the child should have been supervised and how the limited supervision led to the exclusion **‘he was meant to be supervised during unstructured times and he wasn’t and was permanently excluded’.** These comments suggest the importance of adhering to agreed plans for support (DfE, 2015b). It could also indicate that mainstream schools need an increase in staffing resources and funding to ensure that children are supervised when that is the agreed arrangement.

Some caregivers felt there was a lack of communication between home and school perceiving this as the reason their child ended up being excluded **‘they said he was like an animal, attacking teachers and swearing, the head said he’d rang us loads. I said you only rang today. I can show you the phone records; he got permanently excluded’.** Another caregiver said they were never informed of the reason why their child was excluded from school and they felt this was not fair **‘they said they wouldn’t discuss it over the phone, I was at work, so my mum had to collect him. They said they would let us know why he was permanently excluded. I tried ringing but he wouldn’t speak to us’.** In these cases, the caregivers perceive the schools did not adhere to their statutory duties of informing the caregiver without delay of the type of exclusion and reason for it (DfE, 2017a).

Two caregivers felt the exclusion was unfair as **‘they put him on report and he tried his best. They said he would have a clean slate after half term, he came back and they permanently excluded him’** and **‘these children are being marginalised and treated in a way that is unlawful, someone has to stop it from happening’.**

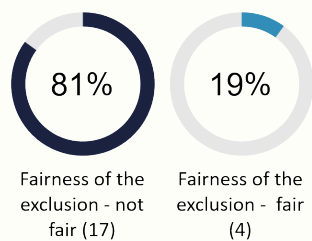
4.4.1.2. The process on the day of the school exclusion: KS1-3 caregivers

Caregivers were asked to describe the process on the day of the fixed or permanent exclusion. Two of the six responses referred to the difficulty of being called at short notice to collect their child **‘I understand I have to come and get him; they have to give me time. I can’t just drop everything’** and **‘when I got the call to say he was excluded, I thought what am I supposed to do, I am at work’**. It is understandable that schools who make the decision to exclude a child want them removed from the site as soon as possible but there is a sense that this has negative implications for caregivers, particularly when they are at work. This supports the findings of Quin and Hemphill (2014), and Paget et al. (2016) that school exclusion has a practical impact on the family.

The caregivers talked about the difficulties they encountered following the fixed-period or permanent exclusion in terms of knowing where to go for support. Only one of the six caregivers recalled receiving a letter from the school explaining the process following a permanent exclusion **‘we didn’t know what to do; we got a letter with a number on it but she wasn’t in the office. On Monday we had to ring round to see what to do, it was stressful and hard’**. The caregivers’ responses indicate that they need more support from the excluding school on the options available to them when their child is permanently excluded, as some seemingly had to seek out support independently **‘we had to ring schools; his school did nothing and no one rang us to see if we needed help’**. These views support the suspicions of Parker et al. (2016), and Hodge and Wolstenholme (2016), that in some instances, caregivers are given insufficient support to guide them through the school exclusions process.

4.4.2. Caregivers’ views on the fairness of the fixed and permanent school exclusions and the exclusion process: KS4

Sixteen out of 21 KS4 caregivers responded to this question and shared their experiences on the fairness of the school exclusion, generating 24 references.



4.4.2.1. Fairness of the exclusion - not fair: KS4 caregivers

Similar to the views of the KS1-3 caregivers, 13 of the 21 KS4 caregivers spoke about how they thought the exclusion was unfair, creating a total of 17 references. The main reason cited was they felt the exclusion was an over-reaction to their child’s behaviour **‘on a daily basis, I would get phone calls to go and take him home from school because they couldn’t cope with his behaviour. Sometimes it was nothing. He had shouted at the wrong time. Someone would ask him to take his top off and he didn’t want to take his jumper off’**. The additional example below shares the perception of the caregiver that the teachers’ response to their child’s behaviour might have exacerbated the situation, which led to school exclusion.

‘We had a big meeting, somebody from the hospital came. There was a plan for them not to get in his face. My son came in and he was bright red in the face and his arms were bright red. I said, ‘What’s wrong?’ and he said ‘A teacher pinned me down and ripped my blazer off me.’ ‘Why?’ ‘Because I had a fag in my pocket’. His blazer was in shreds, all the arms were ripped. He said, ‘Three teachers grabbed hold of me and ripped it apart’. He had marks all over him. He was wrong to have a fag in his pocket but ask him for it. Don’t surround him, pin him down, rip his blazer off him. He would have kicked off and got kicked out. He smashed the door and smashed the glass. So, I got charged for the glass. He got permanently excluded’.

In this case, it could also be surmised that the recommendations from the hospital were not adhered to and the outcome was that the child inevitably went into crisis. If there was aggression from adults, this would likely lead to further problematic behaviours, as suggested by Mitchell and Bradshaw (2013). It is understood that perceived negative behaviours from children are a significant source of stress for teachers, due to the impact on learning and teaching, and teacher wellbeing (Tsouloupas et al., 2010; Anderman et al., 2018). So, support needs to be in place for school staff as well as the child and family. The example below is similar, in that the child’s mental health needs could indicate the requirement for reasonable adjustments being applied in accordance with the Equality Act (2010).

‘She had a thing for make-up and she had a huge problem with how she looked. They talked about body dysmorphia with her as well. Because she has this real view of how she looks, and her make-up was her mask almost, and you try to explain to teachers and say that... Then they used to get her into school and then they would make her wipe the make-up off in school and it would just cause her so much anxiety. I get it; I understand that they have rules and they have to adhere to the rules, but you know just the difficulty...’

A recurring theme among the caregivers was that there were insufficient adjustments in place to accommodate the diverse needs of the children. A possible explanation for this could be the needs of children not being identified promptly (Gill, 2017) or a resource issue in schools (Martin-Denham and Watts, 2019). These findings indicate that reasonable adjustments were necessary to prevent substantial disadvantage and to reduce the risk of both fixed and permanent exclusion from school.

Another reason why caregivers deemed the exclusion to be unfair was that they felt their child was provoked by other children in the school. **‘So, there were quite a few children in school who knew which buttons to press. They knew how to provoke a reaction out of him. It was always him that was excluded. Never the child that provoked him. He thinks the teachers wanted them to do it’** and **‘he got excluded because a group of Year 11s goaded a Year 10 with learning difficulties into attacking him when he was in Year 7—blamed for the behaviour of another child’**. It could be hypothesized that these children were unable to modify and regulate their emotions, impulses, thoughts and behavioural responses, and need to be given support to reduce stress (McCarthy et al., 2014).

A caregiver also reported provoking behaviours from some teaching staff, a view shared by some of the children:

‘A teacher shouldn’t show aggression. It’s just going to provoke. Which it does. I think my son and this teacher were face to face and the teacher said ‘I’m going to get your mum in’. My son didn’t want to upset me. He didn’t want me to come in. He gets very emotional, angry and crying. Frustrated. Everything. His only way to deal, or the only way at the time, was to lash out’.

This view further supports the need for identifying early indicators in both teachers and children who are potentially becoming dysregulated to provide strategies for controlling impulses (Bohs and Baumeister, 2011).

As with KS1-3, KS4 sub-themes indicated that caregivers perceived a lack of support. Caregivers described their view that, if enough support had been in place in school, their child's conduct would not have led to exclusion, **'rather than just say that the answer is to exclude him. Not to get to the bottom of what was the root cause of the anger and outbursts'**. The caregiver who made this comment confirmed their child was not on the SEN register. This implies that local training may be beneficial to ensure all school staff have the confidence to implement the graduated approach (DfE, 2015b). The comment below implies that the child had a recognised disability and the caregiver acknowledged this impacted on their behaviour.

'When he is anxious, his conduct becomes a bit questionable. I begged for them to give him a chance. To let me get him medicated, which is something I'd never wanted to do. I never wanted to do that. But he was becoming too much, with his anxiety. So, I said, 'let me try and get him medicated over the six weeks, give it a chance to kick in, see if that calms him down' Which we did. We went to his doctor at CYPS and we got him on medication. By the end of the six weeks, it was agreed that the medication was only working to a certain point during the day. So, we had his medication upped shortly after going to school in September. But they didn't really give him the time to let that get into his system, for it to work. It was very quick just to exclude him'.

Some caregivers perceived that their child's school was dishonest about the extent of their child's behaviour, **'I used to think there is no physical possibility that in the time it has taken me to get home he could have been at that point where you need to remove him'**. Two caregivers went as far to say they thought their child's school had lied in order to exclude, **'they lied that he did something in a lesson. They didn't say that until the meeting for permanent exclusion... I checked all of his behaviour points and it wasn't recorded'** and **'Not really. I think he did worse things than that. I don't know why that triggered them to permanently exclude him. He didn't actually**

threaten the teacher. The teacher wasn't even there'. This strengthens the need for schools to keep detailed records that are shared with caregivers on a frequent basis to ensure a shared understanding and transparency of what is recorded in terms of negative behaviours and applied sanctions.

Other caregivers perceived that their child was treated unfairly, **'if another child had called him a name and he had retaliated or called him something back, it would be him that was removed from the classroom on every occasion'**, or there was a lack of supervision, which led to the school exclusion, **'staff saw my child run through school in distress followed by the older child. He pinned my child to some lockers to stop him. My child hit him. He got excluded for that because he used 'physical violence' but it was self-defence'**. Again, this highlights the importance of schools maintaining and sharing records of behaviours with caregivers following events to ensure there is an opportunity for all parties to discuss their views and to raise concerns. This will protect schools and ensure caregivers are formally kept up to date with events in school as and when they events occur.

4.4.2.2. Fairness of the exclusion - it was fair: KS4 caregivers

Unlike KS1-3 caregivers, a greater proportion of the KS4 caregivers felt that the school exclusion was fair.

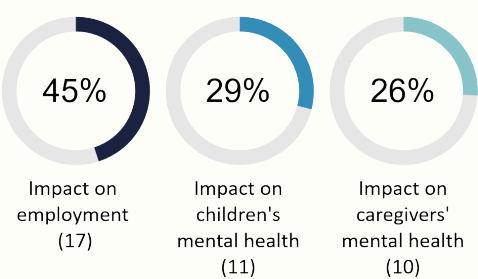
- **'They did try to get him support when you read back over the notes even that wasn't enough to keep him'**
- **'They had no choice but to permanently exclude ... I think given the circumstances; I can see that isn't the publicity that the school wants'**
- **'Some of the things he's done, I did agree'**
- **'Some, yes'**

4.5. Caregivers’ views on the impact of the lead up to and the school exclusion on the child and family

Thirty-two caregivers responded to this question, with 161 references:

- 12/20 caregivers of children in KS1-3 (38 references)
- 20/21 caregivers of children in KS4 (123 references)

4.5.1. Caregivers’ views on the impact of the lead up to and the school exclusion on the child and family: KS1-3

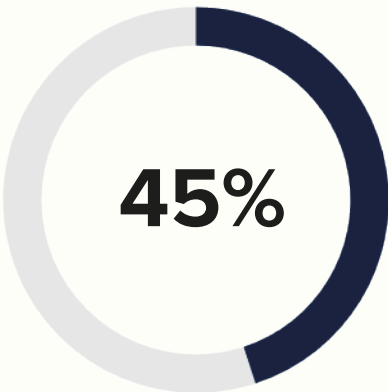


Overall, 12 of the 20 caregivers of KS1-3 children shared how school exclusion affected their family and child, with 38 references in total. The most common theme discussed was the impact of school exclusion on their ability to continue their employment. This was followed by the repercussions on the child’s and caregiver’s mental health. These are presented and analysed below.

4.5.1.1. Impact on employment: KS1-3

The most common theme related to being unable to maintain employment, education or training due to having a child at risk of exclusion from school. The caregivers talked about getting phone calls at work to collect their child, which, they said, caused them stress, **‘usually I get a telephone call. I’m at work and that dreaded number would come up and I knew, my heart starts racing’** and **‘it was completely embarrassing as I’d just started, and I was running an office of sixteen people. I had to take my employer to one side and say my son is being excluded because of his behaviour. I was in shock during the times he was excluded. The amount of stress was untenable’**. Caregivers reported how it was not possible for them to collect their child urgently from school because of work commitments, suggesting they had practical barriers to collecting their child. This issue is widely recognised in other research such as McDonald and Thomas (2003), and Quin and Hemphill (2014). **‘I just can’t fly my car from Stockton to Sunderland. I can’t do that, and they weren’t very happy about it’** and **‘if they couldn’t get in contact with you, they would phone and phone and phone. Sometimes I’m in a meeting and I can’t take my phone’**.

Some caregivers shared that they had to resign in order to be available to respond to phone calls about their child. **‘I don’t work at the moment because I was getting phone calls all the time’** and **‘I had to resign my job’**. For those caregivers who continued to work, they felt there was a direct impact on family life **‘we were called in that much, we had to make sure one of us was always available; she works 12 hours and I work 12 hours (night work)... we had to do this to hold down jobs and to bring money in’**. One caregiver talked about how the experience prevented them from achieving their aspirations **‘I want to go to university to be a nurse. Obviously, I’ll have to get him settled and sorted before I do anything’**. The overarching views of caregivers were that if they have a child on the edge of exclusion, it was extremely challenging to remain in employment, education or training due to the requirement to collect their child at short notice or to answer phone calls. The anticipation of the telephone ringing while at work was a cause of significant stress for some caregivers. Their views echo those of Daniels (2011) that it is the family who must deal with the consequences of exclusion.

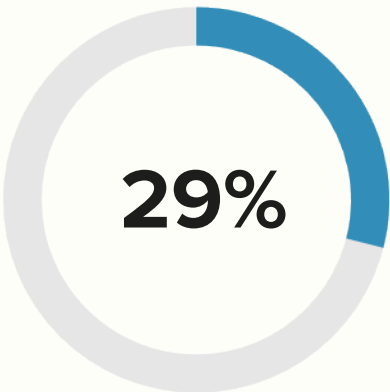


Impact on employment (17)

4.5.1.2. Impact on the child’s mental health: KS1-3

With 11 references, the impact on the child’s mental health was the second most prevalent theme reported by KS1-3 caregivers. Two caregivers said their child wanted to end their life **‘when your son says he wants to die that is hard to listen to. How do you get to react?’** and **‘he was saying things like ‘I want to live in heaven where I can be away from all the nastiness in school’ he was in pieces, it was dreadful’**. This correlates with research that identified associations between school exclusion and mental ill health (Daniels and Cole, 2010; Pirrie et al., 2011; Hemphill et al., 2012). These findings suggest a possible link between children encountering difficulties accessing mainstream education and mental health difficulties. One caregiver described how she felt she had to remove her child from mainstream school to safeguard his mental health. She considered homeschooling him as he had exclusions on and off for five years, but felt **‘he wouldn’t learn from me, he would learn the wrong way’**.

A few caregivers were concerned that there would be no suitable provision that would be able to meet their child’s needs and that returning to mainstream school would make the situation worse. **‘ultimately inside you’re almost dying inside cause I’m sending him somewhere that’s not able to meet his needs’** and **‘I’ve been at meetings with my child with tears in his eyes because of the lies. He’s been looking at me - shaking’**. Some caregivers also perceived how past exclusions could predict future ones as their child’s needs remain unmet, a view supported by Skiba (2000) and Bowman-Perrott et al. (2013).

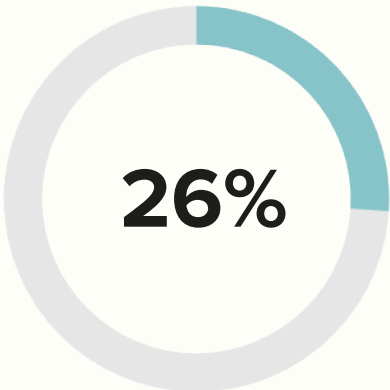


Impact on children’s mental health (11)

4.5.1.3. Impact on caregivers’ mental health: Key stage 1-3

The third most prevalent theme with ten references concerned the perceived impact of school exclusion on the mental health of some caregivers. They talked about the situation being a strain on their mental health and having no one to talk to **‘I haven’t got anyone. He’s not as bad at home as he was, but if anything happened, I’ve got no one to ring’** and **‘the best thing would be help for parents - you just feel alone’**. These views demonstrated the potential adverse consequences of school exclusion on psychological well-being (Quin and Hemphill, 2014; Paget et al., 2016). Others talked about the impact on their social life. This was particularly evident for caregivers with pre-school children who felt they could not go out and make friends due to how others may negatively perceive their child’s behaviour.

One caregiver, who was a single parent, felt particularly affected by having a child with difficulties at school. She reported relying on extended family **‘so my mum has to watch him’**. Two caregivers with children with challenging, violent and aggressive



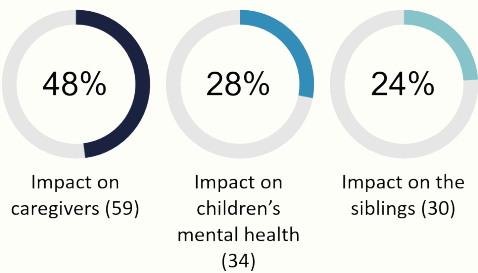
Impact on caregivers’ mental health (10)

behaviours expressed the impact on their intimate relationships **‘this situation has split me and my partner up and he just couldn’t cope; my child was hitting him’** and

‘I used to have big earrings. He pulled them out of my ear, I’ve been hit with a belt, punched, kicked, I’ve had things hurled at me from 15 months of age... now he is in the right place, it is reducing, the kick-offs are less and less, he does have the odd bad one where he hits me, sometimes I have to restrain him... I was told by the social worker to let him trash the rooms and keep out the way, my house is rented. I would be evicted. I can’t have holes in the doors, but social services say that’s what I should do. It is hard as a parent’.

This caregiver reflected that she initially raised concerns about her child’s behaviour and development with a health visitor at his two-year progress check. She described how she was told it was due to her parenting. This indicates that there needs to be consideration of how concerns are recorded and how this information is cascaded to other multidisciplinary professionals. The results indicate that in these cases, challenging, violent or aggressive behaviour (CVAB) in the early years could be an indicator of future school exclusion.

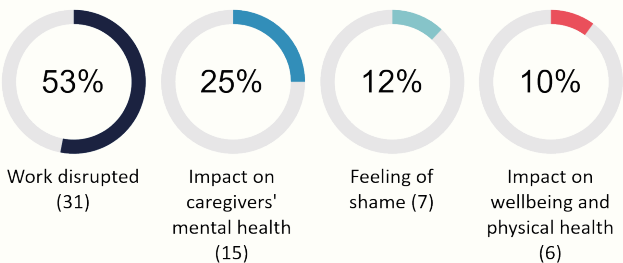
4.5.2. Caregivers’ views on the impact of the lead up to and the school exclusion on the child and family: Key stage 4



Twenty-one caregivers of KS4 children shared how school exclusion affected their family and child, with 123 references in total. The most common theme discussed was the impact of school exclusion on the caregivers, followed by the impact on the child’s mental health and the impact on the excluded child’s siblings. For ease of reading, and due to the volume of data, each of the three themes were broken down into sub-themes and analysed below.

4.5.2.1. Impact on the caregivers: KS4

The impact of school exclusion on caregivers themselves was the most reported theme representing almost half of 123 references made.

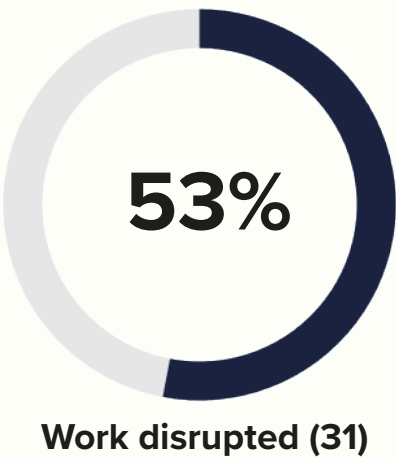


Impact on KS4 caregivers: Work disrupted

Similar to the KS1-3 findings, the main repercussions reported by the KS4 caregivers (53%) in the lead up to, during and after school exclusion, was the disruption caused when they were at work. Some caregivers reported that both anticipating or receiving phone calls from school negatively impacted on their ability to focus while at work. **‘I work for myself, which is good, but I’ve had to take a lot of time off work. Going out of work, having to pick him up from school and bring him home’ and ‘I would be up to my eyes in work and my phone would go’ and ‘I couldn’t concentrate. I would be upset’.** Others recalled that they had a sense of dread of their phone ringing and when checking their phones at break times, using language such as **‘stressful’** and **‘dread’**. There was a reliance on supportive employees, which two of the caregivers felt they had **‘I work full time. Luckily, work has been very supportive. But obviously, I don’t want everyone at work to know what my circumstances are, so it has been quite difficult’**. One caregiver, despite having an understanding employer, now works from home so she can be available should the school contact her. Another caregiver reflected on her sense of shame about having a child with difficulties stating, **‘I just put a brave face on’**.

Thirteen of the 21 caregivers interviewed reported they had to leave employment to be available to respond to phone calls from school or to collect or discuss their child during the working day. Two of these described having to leave professional roles due to the contact from school. They said **‘you need to get back to work and I can’t give them a date. I’m very upset. It’s a huge chunk of money to lose’** and **‘I’m going to claim benefits once I get my P45. I am living on nothing lending off my dad. I have no other income apart from the child tax credit for my other son’**. One caregiver shared that she had to retire from work due to stress and the difficulties their children were having at school.

‘The family was broken, we were broken. Our family has been broken. We are putting it back together a little bit, but it’s been horrendous, absolutely horrendous. We were always such a happy family, tried our best, hard workers, grafters. We wanted for nothing, kind and generous to less fortunate people. An ordinary family. Things just got worse and worse, to the point I couldn’t believe it, it was almost daily’.



These findings support research that identified practical consequences for the family when a child is excluded from school (McDonald and Thomas 2003; Quin and Hemphill, 2014; Paget et al., 2016).

One caregiver reported that having a child at risk of exclusion caused a decline in their physical and mental health, resulting in them visiting their General Practitioner (GP)

‘I thought I was getting Alzheimer’s; I went to the doctors. He said no, it is tremendous stress and anxiety. I’m not giving you medication, it is circumstantial... But I would go to work and the phone would be ringing about my son, I just couldn’t concentrate. I wanted to throw the towel in. I had to retire’.

As with the caregivers in KS1-3, the KS4 caregivers’ views demonstrate the detrimental impact of having a child on the edge of exclusion or receiving an exclusion. It is likely that being unable to work would impact the whole.

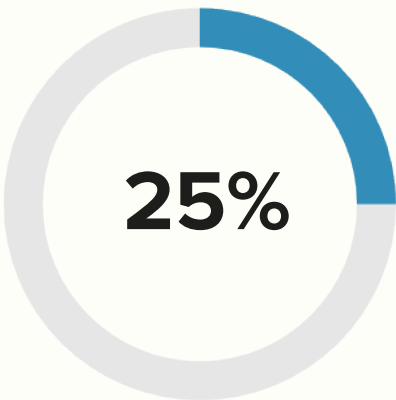
Impact on KS4 caregivers: Mental health

There is limited research on the impact of school exclusion on the mental health of caregivers. In this research, 15 caregivers made reference to the stress leading up to and during the school exclusion, saying it caused them mental ill health. This included one report of feeling suicidal.

‘My husband left me a suicide note last year. We had an incident with my son that morning. We had to call the police. I got home and I asked my son ‘where is he?’ My son said he had gone to the shop, but he hadn’t, he had left me a suicide note. I had my son to look after, a husband and my other children. It was just impossible’.

There were three reports of feeling worried about their child and their future, being anxious, depressed, with some being prescribed antidepressants.

‘I was on Sertraline (antidepressant) because I felt like I was going to have a heart attack. I said to my Dad, I felt like I wasn’t going to wake up on a morning. That is how hyped I was about it all. That was how stressed I was—thinking about what was going to happen to him. I knew he was a good child. He just needed someone to spend a little more time with him, explain things to him. Not to pull him up for things that he can’t help. He can’t help the way his brain works, the same as anyone else. If he needs to tap, he needs to tap. He isn’t harming anybody. Honestly, my anxiety went up’.

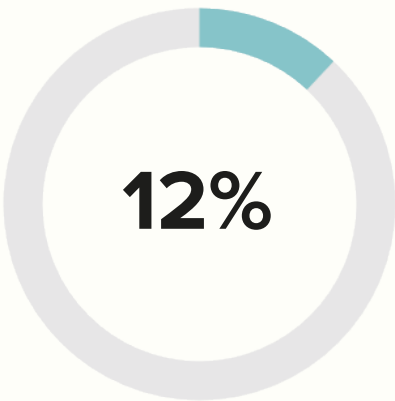


Impact on caregivers’ mental health (15)

The impact of the lead up to and the school exclusion on caregivers was evident, as many were visibly upset during the interview. Some talked about how they have had a low mood for many years and there was a sense that they could not take any more **‘I wanted to throw the towel in’** and **‘it doesn’t just affect him, or me and his dad. It affects the whole family. His grandparents, they adore him, it’s heartbreaking for us all. Seeing him being failed and punished over and over. But when we look back now, that was a horrible few years. Full of anxiety’**. This reinforces the need to ensure that there are support systems in place for families, including legal advice and universal services to support their mental health and wellbeing as soon as they, schools or other professionals raise concerns. It needs to be acknowledged that as families are living through this time, there are likely to be other children in households who need support.

Impact on KS4 caregivers: Feeling of shame

Seven caregivers reported feeling ashamed, questioning why their child was having difficulties in school **‘I was so ashamed at the time. No one wants to hear, they just run a mile’** and **‘I was embarrassed. Because this isn’t what I’m trying to bring him up to be’**. The impact of this on the caregivers was palpable in the interviews, with one describing how she wanted to just leave home **‘I considered getting on a one-way train. Never come back. I couldn’t understand it all. Have I been a bad parent? I couldn’t do anymore’**. What was evident from four of the caregivers was that they directly questioned if their child was having problems because of something they had done **‘What did I do?’**, **‘What could I have done differently?’** **‘What can I do? You exhaust yourself whilst trying to put food on the table’** and **‘What have I done wrong as a parent? I just didn’t understand why’**. One caregiver described how questioning her own parenting ability in front of professionals was embarrassing, and thought that because she took ibuprofen during pregnancy, she was responsible for current difficulties **‘I couldn’t keep her safe. I couldn’t protect her from herself. Because there was nobody else. There was nobody else’**. These responses overall support the view that there is a sense of shame associated with school exclusion (Piquero et al., 2004; Daniels, 2011).



Feeling of shame (7)

Impact on KS4 caregivers: Wellbeing and physical health

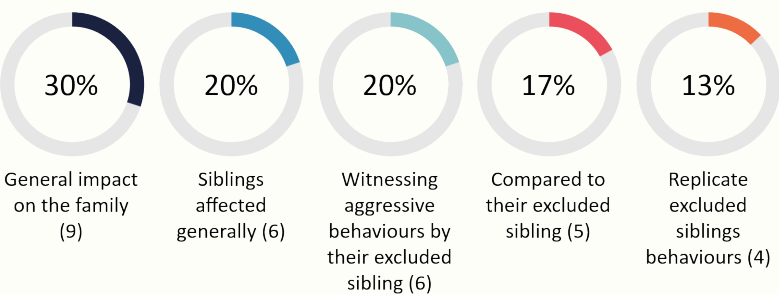
The remaining sub-theme related to the perceived impact of the lead up to and school exclusion on the general well-being and physical health of the caregiver(s). This included reports of a general feeling of exhaustion, feelings of having no support and increased states of anxiety. Some caregivers spoke about getting used to the stress and battling to get support from services. There was also a sense of resilience in the responses **‘every day I wake up and say ‘what is today?’ Don’t get me wrong I’m on antidepressants, heart medication and god knows what else. But I keep going because I have to’ and ‘I will try and keep him on the straight and narrow, to keep him on the right track but you have to give a thought for those children who don’t have that at home. That’s the frustrating thing I’ve had with him. He’ll tell me he hates me. But I’m doing my best for him’.** The data reported here and above, appear to reiterate the importance of providing support, guidance and advice for families and children when a child is having difficulties at home or school. This needs to include signposting to health services.



Impact on wellbeing and physical health (6)

4.5.2.2. Impact on the siblings: KS4

The impact of school exclusion on the child’s siblings was the second overarching theme, with 34 references, divided into the following sub-themes.



Impact on the KS4 siblings: General impact on the family

The most prominent sub-theme, with nine caregivers, was on how life with a child on the edge of exclusion, and their subsequent exclusion, affected the whole family. Though little is currently written about this, caregivers spoke of the strain on the family unit, giving a sense of the family falling apart and causing a breakdown in relationships.

‘He dabbled with drugs... our world fell in. I don’t even know how we are still a family. We were devastated. This was the beginning of a very rough ride... We thought it ‘didn’t happen to us’ but it does by the way. I felt stripped of my dignity and my



General impact on the family (9)

pride, I have none left. We have had a really horrible two years, but we think he has turned the corner. He has crucified the family. We have been totally broken; it was a living nightmare. But he has turned a corner; he wants a future. He knows that drug-taking is a mug's game. He had worked hard behind the scenes, even on his own. So, I need to give him a chance, he is my son, I don't give up on anybody. It's interesting how I want to skip those last 18 months... It's probably too painful'.

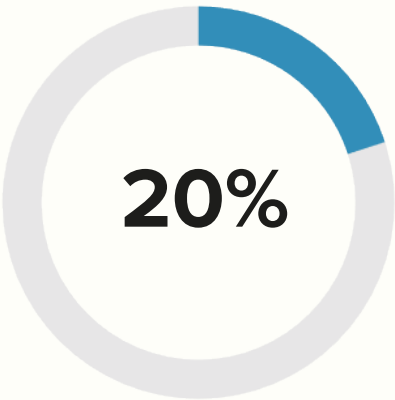
Some caregivers reflected on the lead up to and the exclusion, and shared their feelings at this time. One described her low point **'you feel like your life is just falling to bits and there is nothing that you can do. There's nothing that you can say; you can't offer anything... just nothing works'**. There was also a sense of feeling alone, even when they are part of a family. One example was the consequence of having a child being excluded from school on the caregiver's ability to socialise face to face **'most of my friends have children with disabilities, so we chat on Facebook and text... we don't get a chance to meet up'**.

Impact on the KS4 siblings: Siblings affected generally

A small number of caregivers shared the negative impact of the lead up to and during the school exclusion on other siblings or foster children in their care. There is no available research on the impact of school exclusion on siblings at this time, however, this research has shown that siblings can be overlooked when the attention is on the child who has been excluded from school. One caregiver raised the concern that when a child had experienced difficulty at school and at home, the attention moved away from their (non-excluded) siblings; **'my poor daughters just drifted'**. This caregiver felt there should be plans in place to support any siblings who remain in the excluding school.

Impact on the KS4 siblings: Siblings witnessing aggressive behaviours

There were six references from caregivers who reported on the impact of one child with challenging, violent or aggressive behaviour (CCVAB) on the other children within the household. The behaviours displayed at home included **'smashing something every day', 'domestic violence from the child to the caregiver', 'kick-offs', 'crying' and 'wobbles'**. Research tells us that whether violence is experienced, witnessed or perpetrated, it adversely affects the emotional and physical wellbeing of children (Janosz et al., 2008; Mrug and Windle, 2010). There were reports from two caregivers of siblings carrying out restraints of siblings to protect their mother **'she has held him back. He never fought against her if she ever went to restrain him'** and **'there are many times where my older sons had to restrain him. To stop him getting at me. Or me to stop him getting at his brother. He**



Siblings affected generally (6)

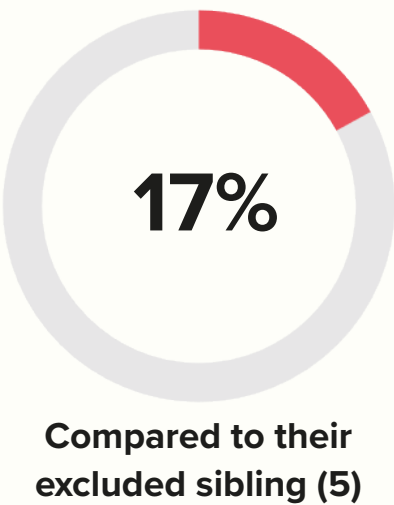


witnessing aggressive behaviours by their excluded sibling (6)

will pull at me to get to him. He would just get a mist. He would lash out’. The comments indicate the caregivers had concerns about keeping the siblings safe and talk of strategies such as ‘sending them to a safe place in the house’ when their child was in crisis. This supports the justification for having support in place for all household members when there are children with CVAB.

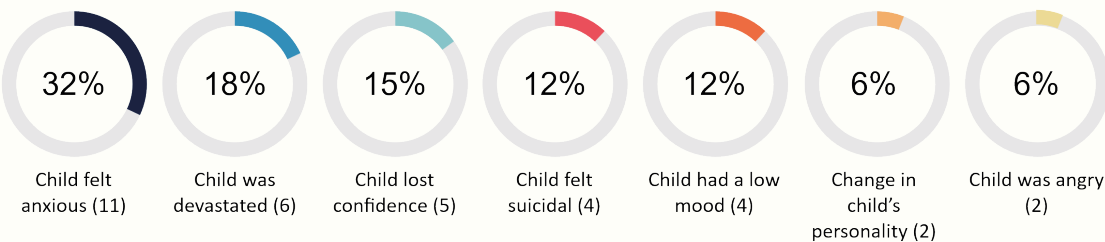
Impact on the KS4 siblings: Compared to their excluded sibling in the school

Five caregivers shared that when they had a child permanently excluded from school, the remaining siblings were affected by their reputation. One commented that teachers had said **‘you wouldn’t believe you are related to him’** and **‘my daughter found it embarrassing’**. Four caregivers stated that the impact of the child’s behaviour caused behaviour changes in the other siblings in the household. It was felt that this might have been because the children wanted to get excluded to be reunited with their siblings in the new school. Another felt the reason their child was replicating behaviours was that they were jealous of the attention the other sibling gained within the household. These findings support those of Thorley and Coates (2018), that CCVAB is an indicator of exclusion in school. They proposed that often these behaviours are overlooked until school age with no support, compounding the risk of school exclusion. Support needs to be in place for children who remain in the mainstream school that their sibling was excluded from.



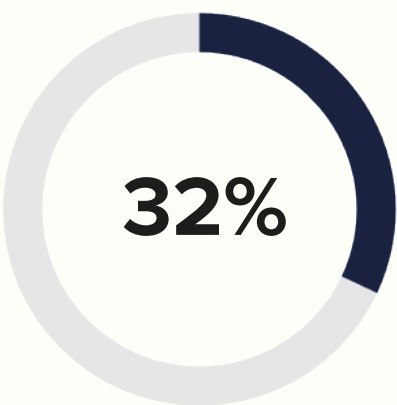
4.5.2.3. Impact on children’s mental health: KS4

The third overarching theme from KS4 caregivers was the impact on the children’s mental health and contains 30 responses. These have been characterised into sub-themes, analysed below.



Impact on KS4 children’s mental health:
My child felt anxious

Some KS4 caregivers talked about the level of anxiety the child had in mainstream school **‘he ended up having a panic attack. They phoned an ambulance’** and **‘the child had difficulty getting into school due to their anxieties’**. . Four caregivers talked specifically about their child’s social anxiety; refusing to eat, going to get advice from the GP, and a consultant saying the anxiety their child experienced was stress-related. One comment related to the child being anxious in anticipation of going to mainstream school **‘the anxiety would start on the Saturday or Sunday, school holidays were ruined because she was so worried about going back’**. Another comment related to the child’s heightened levels of anxiety after school **‘when he would come home from school, his anxiety was always through the roof’**. It was evident from these comments that the level of anxiety the children experienced was a barrier to accessing and participating in school and could have been a contributing factor to the subsequent school exclusion. These children did not have any identified neurodevelopmental/neurodiverse, learning or emotional needs at this time which could indicate needs not being identified for referral to health services (Gill, 2017).



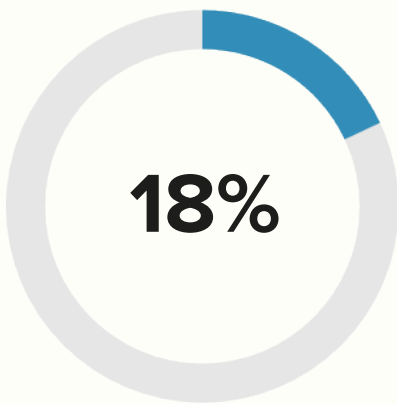
Child felt anxious (11)

Impact on KS4 children’s mental health:
My child felt devastated

Following the permanent school exclusion, six caregivers used the term **‘devastated’** to describe their child’s feelings of having to leave mainstream school. They predominantly felt that the rejection from school profoundly affected their child’s confidence and mental health **‘we found him in bed, fully dressed, shoes and backpack still on. He was devastated. He became depressed. He slept for two hours, crying when he woke up’**. The caregiver shared that this was her son’s third attempt at a managed move and she recalled getting home from work and finding him in bed, still in the school uniform. Another caregiver commented:

‘Irreparable damage has been done. He has lost education, lost all those life skills. He has a record now. The school rang the Police; they didn’t legally have to. He had paid the price, the ultimate sacrifice, he was permanently excluded. He was devastated; he had feelings in all of this. He couldn’t help himself; he cried. Sometimes he showed that he was upset by rebelling. He would get angry and upset’.

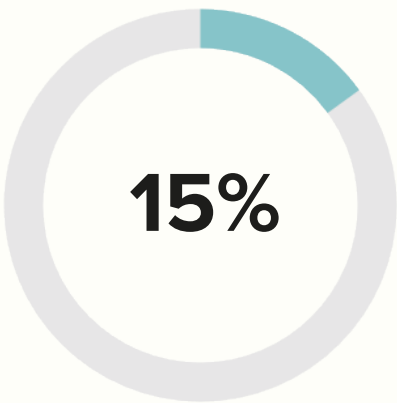
These reflections imply that school exclusion may have been an important factor contributing to the mental ill health of these children



Child was devastated (6)

Impact on KS4 children’s mental health:
My child lost confidence

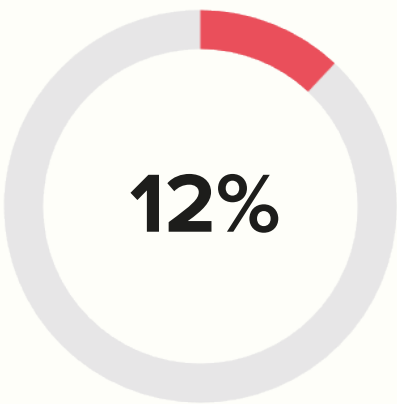
Some caregivers spoke about the long-term impact of the permanent school exclusion on their child’s confidence. All five reports suggested that the effect was ongoing, including **‘I am scared for his future, because of the scars, the damage. It’s going to take him a while to shrug that off. If he ever does’**. Caregivers reported how their child’s low confidence continued into alternative provision, with one suggesting **‘the teachers have said that he has no confidence. They will give him something to do; he will say he can’t’**.



Child lost confidence (5)

Impact on KS4 children’s mental health:
My child felt suicidal

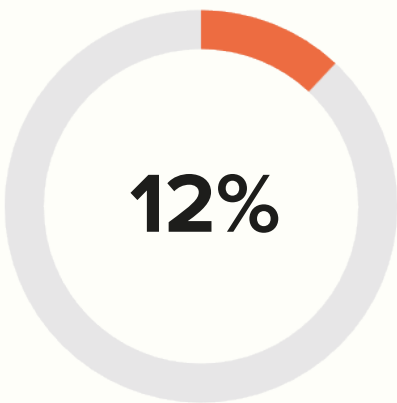
Four caregivers described how their child felt suicidal following their permanent exclusion from school, with one caregiver reporting their child attempted to end their life, **‘the overdose was just before he started here (alternative provision). When he wasn’t really in education. He had no routine’**. In addition, two caregivers reported how their children spoke of their desire to end their life **‘he wanted to kill himself. He actually drew pictures on a piece of paper of him wanting to die, of him shooting himself, him stabbing himself’** and **‘it reached its peak when he wrote on a piece of paper that he had had enough’**. It is possible that the attempts on life and wishing to end life were related in part to the challenges these young people encountered in mainstream school during and after exclusion. However, there is limited literature in this area to reliably infer any direct link (Whear et al., 2014).



Child felt suicidal (4)

Impact on KS4 children’s mental health:
My child had low mood

The early indicators of mental health difficulties were commented on by four caregivers following permanent exclusion. Two referred to the child having ‘low mood’ and refusing to get out of bed. One caregiver reflected that her son might have had depression.



Child had a low mood (4)

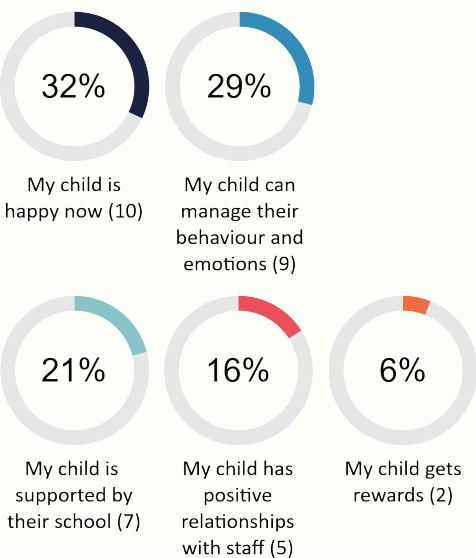
4.6. Caregivers’ views on the enablers to alternative provision

Thirty-one caregivers shared their views on the enablers to alternative provision, creating 100 references.

- 10/20 caregivers of children in KS1-3 (33 references)
- 21/21 caregivers of children in KS4 (67 references)

4.6.1. Caregivers’ views on the enablers to alternative provision: KS1-3

10 out of 20 caregivers of KS1-3 children shared their views on the enablers to alternative provision (AP).



It is important to note that the comments from the ten KS1-3 caregivers were entirely complimentary about their experiences of alternative provision in Sunderland.

4.6.1.1. KS1-3 caregivers: My child is happy now

All ten caregivers talked about how their child was happy now they were in an alternative provision that meets their diverse needs **‘he runs into school. If we get here 5 or 10 minutes early, it’s a struggle to keep him in the car. He does run into school, so, yes he does enjoy school’** and **‘I’ve genuinely never seen him more settled than he is now’**. The caregivers talked about their children thriving, socially and academically. They also talked about the reality that the alternative provision where their child was placed was temporary. This is clearly very concerning for the caregivers and was palpable in their responses **‘if I could keep him here I would. I really would. My real worry is when he leaves here, he will want to come back, undoubtedly. This is a very happy environment for him and if I could, I would keep him here’** and **‘if he stopped here, I will be happy because he will come on in leaps and bounds ready for Junior School’**.

It is clear from the caregivers’ responses that the alternative provision was meeting the holistic needs of the KS1-3 children. It needs to be explored if this can become a permanent school for those children and in the best interests of the child to remain in the care of the school. This could be in the form of an additional provision, so that the current school is maintained for those who have recently been permanently excluded, with a partner provision for those for whom mainstream is not a suitable or viable option.

4.6.1.2. KS1-3 caregivers: My child can manage their behaviour and emotions

The strength of the alternative provision is that the staff are seemingly able to turn around children’s behaviours and support them in self-regulating their emotions. This is achieved by listening to the child’s voice, understanding their strengths and limitations, and using this intelligence to plan for and meet their diverse needs. All of the caregivers talked about how the provision understood their child and worked with them to understand their emotions to

learn how to manage them, citing **‘they taught him how to understand his belly bubble, meaning he’s going to have an explosion, so he can manage it. This is what I needed. The difference is immense; everything is built on the rewards and understanding yourself. The groups are smaller’** and **‘in the school, they help the children to understand themselves and their problems’**. The evidence suggests that the alternative provisions have the expertise to implement the graduated response effectively, assessing and planning for children’s needs (DfE, 2015b). The support for these children is also commended by the caregivers, including how effectively the school communicates with them and the role of the effective support systems and processes. It would seem logical for the alternative provisions to be leading continuous professional development in schools, to enable the sharing of good practice within the constraints of mainstream school budgets and large class sizes.

4.6.1.3. KS1-3 caregivers: My child is supported by their school

When reflecting on the support the children received from the alternative provision, some key themes arose. For example, one caregiver valued the amount of knowledge and understanding the AP had of their child

‘The first day we came in to speak to the headteacher about moving him to the school. The headteacher knew everything about him. So, he obviously read the care plans. They made him feel very welcome. Again the staff at the gate, who don’t necessarily teach him, if we’ve got any appointments, they already know about it’.

The wider teams who supported children were also acknowledged as a protective factor **‘the behaviour team from the school is the best service. They give great advice about parenting and processes’**. It was also discussed by a caregiver that the AP supported them in gaining an EHCP for their child and in accessing wider support for the whole family. There was a clear sense of the caregivers

feeling gratitude for the guidance from the APs , with one caregiver stating **‘he finished at the school two years ago, but I still come back to help them out as much as they help me. They kept me on the straight and narrow there’s not much help out there’**. The comments suggest caregivers valued having their views listened to and the level of support in meeting their child’s needs (Smith, 2009; Embeita, 2019).

Other enablers to AP cited by the caregivers were: supportive learning, positive relationships with staff and effective approaches to promoting positive behaviours. One caregiver suggested that they only received positive feedback from teachers about achievements and successes through certificates and other meaningful rewards from the AP; **‘that they build on reach for the stars. Every week he comes home with a certificate. He’s never had a certificate in his life you know, so he can celebrate that at home as well’** and **‘rewards are real. He got trampoline lessons last week because his house got so many points’**.

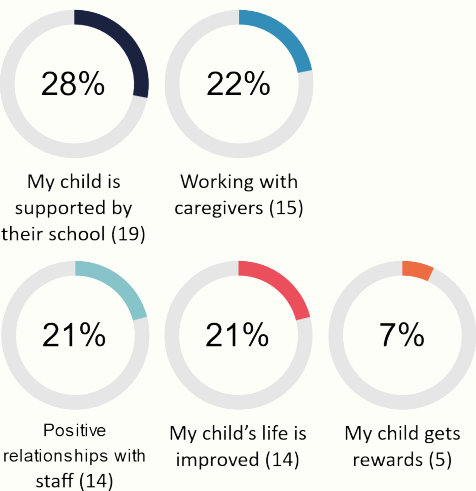
Some caregivers reported that the enablers to learning in the AP were that there was a mixed ability group and their child was challenged to do more advanced work. The option to attend subject-specific after school clubs allowed their children to catch up on missed learning. The overarching view was that the children felt empowered to ask for support with learning and it is through this that their confidence grew. **‘Here he’s got the confidence to ask for help if he does need it, whereas before he just...he would rather flip the tables, so he got took out. That was just his way of saying that ‘I’m not gonna ask for help’**. Some caregivers talked about the detrimental impact on their child’s self-esteem resulting from ‘failing’ in mainstream education. One caregiver talked about how the varied curriculum, with practical focus has enabled their child to re-engage with learning.

Five of the caregivers noted the importance of building enduring relationships with teachers as an enabler to AP. They described receiving positive phone calls to touch base, home-school diaries and the importance of being welcomed into the school **‘this school is**

much nicer. The staff are just lovely. You're welcomed the minute you walk in the door. I don't think they've been welcoming in any school ever'. The firm, fair and consistent approach to supporting positive behaviour is commended by caregivers, as they acknowledge that their children need to be safe. The approaches to managing challenging behaviour were agreed and have the full support of caregivers, which seems to have also been a significant factor in creating the positive relationships forged with the caregivers in this study. The development of trusting and respectful relationships between the school and family has been key to the success of these placements (Mowat, 2009; Flitcroft and Kelly, 2016). One caregiver summed up their feelings on AP in Sunderland:

'I love this place. As a parent, when you are looking at an AP, this is where all the kids go who are feral; actually, that's wrong. I was wrong to think that. It's a really great placement for kids who are struggling in their behaviours, you know. I wish he could stay; I know but he can't but it's a shame. But it's a great place and I'd tell anybody, 'don't be frightened of the AP'. It isn't what you think. It hasn't got bars on the windows like you think like prison. In fact, it's the opposite'.

4.6.2. Caregivers' views on the enablers to alternative provision: KS4



All 21 KS4 caregivers shared their views on the enablers to alternative provision, with 67 references. The evidence was similar to KS1-3 caregivers in that it was completely complementary about the alternative provision in Sunderland. Caregivers spoke about how their children would go to school without complaint, with increased confidence and how they are happier in themselves. The most prominent theme, with 19 references, was **'my child is supported by their school'**. This theme has been further broken down into the following subthemes.

4.6.2.1. KS4 caregivers: Enabler to alternative provision

Seven caregivers were pleased about the option for their child to follow vocational pathways in their AP, as it supported their child's interests and gave them options for their future **'they are going to get him into placements. Because they know that is something he is interested in. More hands-on work than classroom work' and 'he does a bricklaying course on Friday'**. Opportunities for apprenticeships were commended, particularly when they were working towards a qualification, an approach supported by Martin-Denham (2020a).

One of the main enablers to AP, cited by four caregivers, was the smaller class sizes compared to those in mainstream schooling; this has been found to be a positive aspect of AP (Thomson and Pennacchia, 2016; Tate and Greatbatch, 2017). Other caregivers reported access to additional support as an enabler **'it's as if he gets that extra help now... But he's a lot more confident in what he's done' and 'he passed a Year 11 test in Year 10. He is ahead of his work than what he would be if he was in mainstream. Because he is getting the support in this school'**.

The key difference between the caregiver perceptions of communication between mainstream and AP, is that the caregivers reported they were given positive feedback about their child's progress and behaviour **'here I get a phone call if he's naughty. They tell me what happened. But I also get a phone call when he's been good. When he's getting on with his work'** and

'They have very good communication with the parents. I think when your child is doing good, they ring you and tell you. They give praise when they are being good. When they first rang me to say he's had a really good day, he's done good work and been laughing. It's nice to hear when all those years all you've had negatives. When this school rings I'm not just thinking 'Ohhh no'. That's what I felt like when the other schools would ring. They wouldn't ring to praise him. I think it makes all the difference as well. Because then I can say to my son 'Well done, you've been really good'.

Another positive factor highlighted was how effective the APs were at negotiating referrals and supporting the EHCP process. One caregiver described the APs as **'this school has been the best service'** while another reported **'since coming to the AP however, it has been absolutely brilliant. They've been so understanding and helpful and supportive'**. The caregivers only had positive comments about the staff in the AP, reporting they are non-judgemental, nurture focussed, friendly, firm and fair. This is illustrated in the following comment.

'I think here they have more time in the day for them. And here they know how to deal with a pupil, depending on their brain stage, they deal with things a lot more. I think they're more laid back here as well. Not letting them do whatever they like. Saying 'if you don't work, it's only affecting you' then eventually they will bring themselves back around to do some work. But to me personally, they know how to deal with children a lot more compared to mainstream'.

Other positive factors offered by the AP were home tutoring and flexible school days. This included the ability of caregivers to opt for shorter school days, starting later in the morning and an activity-based curriculum during afternoons.

4.6.2.2. KS4 caregivers: Positive relationships with staff

As with the KS1-3 caregivers, the KS4 caregivers valued the relationships they had with the school staff. Ten comments related to the view that the staff in the APs were knowledgeable about the multi-faceted needs of their children.

'I take my hat off to the school and staff. The amount of work they put in and how they cope with the children is unbelievable. I used to find it hard coping with my son on his own. Never mind a class with a fair few of them. They know the children and the signs of each child. How they react. They know what's up with them. I like it here'.

The evidence suggests that the positive relationships with caregivers were created due to a range of factors, such as being non-judgemental of their parenting; being empathetic towards the child's circumstances; being knowledgeable; and having time to understand their child's abilities, learning and mental health needs. They described how decisions on how to manage challenging behaviour are made collaboratively, so that they feel part of the process. This was described by one caregiver who was supported by the AP when her child was taking drugs: **'I'd gotten a few phone calls saying that he was on drugs, saying that his eyes were glossy. I phoned this school and I said 'Can he do afternoons here... just him by himself on an afternoon?' They said 'Yeah, of course'. Here they work with me. At his last secondary, they worked against me. It was all his fault. Or my fault'.**

4.6.2.3. KS4 caregivers: My child's life has improved

Unique to the KS4 caregivers was how they reflected on how their child's life had improved since attending AP. They shared that their children were now happy to go to school **'he is a lot happier at home. I don't even struggle to get him out of bed on a morning now. He's up and ready'** and **'he doesn't moan about it. He gets up and goes to school; before he was refusing. He's happy since he started here, I've seen a change in him. He never complains. He has good days. Progressively over time, he is getting more happy'**. Some caregivers described how their child has grown in confidence **'he has more confidence. He is passing exams. He has gone from strength to strength'** and **'he is determined to do really well. Since he has come here, his confidence has gradually been going back up'**.

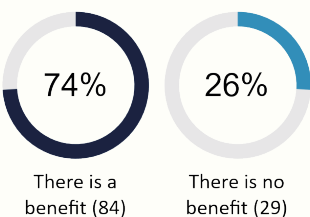
4.6.2.4. KS4 caregivers: My child gets rewards

Similar to KS1-3 caregivers, the KS4 caregivers cited the importance of rewards to raise their child's confidence. Trophies, letters from the headteacher to celebrate academic successes, activities in the afternoon, certificates and gift cards were all described as important factors in the AP placement being a success.

4.7. Education professionals' views on the benefits and challenges of school exclusion

Forty-nine professionals reflected on the benefits and challenges of fixed and permanent school exclusion, creating 113 references.

- 18/32 primary and nursery headteachers (37 references)
- 9/9 secondary headteachers (25 references)
- 4/4 specialist headteachers (5 references)
- 8/10 alternative and additionally resourced provision headteachers (22 references)
- 11/14 SENCOs (24 references)



Overall, the majority of educational professionals who spoke of the benefits and challenges of school exclusion believed there were benefits. For ease of reading and to provide a more developed analysis, each theme is presented by sub-theme or participant group where applicable.

4.7.1. Professionals’ views on the benefits of fixed and permanent exclusion

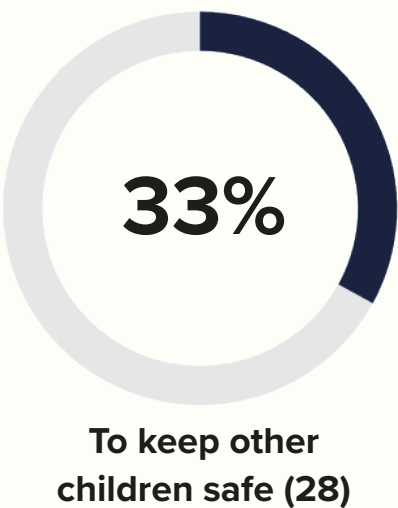
This section shares the views of the benefits of exclusion from headteachers and SENCOs. There were very few differences between participant groups, so each professional group was combined and analysed. The section begins with the most commonly held view across all professionals on the benefit of school exclusion.



4.7.1.1. Professionals’ exclusion benefits: To keep children in the class and to keep them safe

The most common justification for excluding children on a fixed or permanent basis was to keep the children in their care safe and to prevent them from witnessing CCVAB. This view was similar across all participant groups, with comments such as:

- ‘The only benefit is the impact on the other children who are frightened of him. The class were very anxious, when they were told he was going on a part-time timetable, the children almost cheered’
- ‘I think that for the other children who are seeing that happening; who are seeing that level of violence’
- ‘They’re not having their learning disrupted or the threat of violence from those children’
- ‘It can create a calm atmosphere within the school, particularly within the class that that child might be working in, to allow them to get on with their work’
- ‘If you have a learner who is particularly disruptive, obviously it does affect everybody’s learning and sometimes it is for the good of the majority’
- ‘The rest of the class it affects, because they feel unsafe with this other child, plus they get confused about what is acceptable behaviour and what is not’

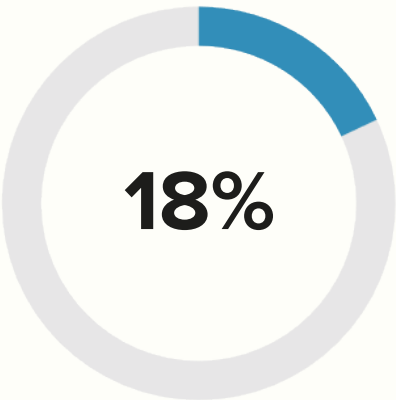


From the comments above, it could be suggested that the children displaying challenging, violent and aggressive behaviours had unmet needs. This could indicate a need for localised training to support school staff in implementing the graduated approach (DfE, 2015b) to identify and respond to children's behaviours. Two comments referenced how the professionals make decisions as leaders and governors because of limited support from external agencies:

'If you are not getting the help, as a school, from those other professionals that you need from the outside, talking about the training, or the behaviour intervention, or people coming out and saying have you tried this or have you tried that? ... If that is not happening on a regular basis or quite a quick basis, those barriers are going to get bigger and bigger and this is what happens, the kids get into the process and the pattern of an exclusion'.

**4.7.1.2. Professionals' exclusion benefits:
To access more support for the child**

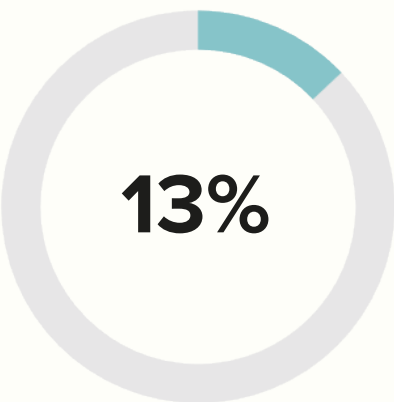
The comments in this sub-theme suggested permanent exclusion was used as a means for the child to access external support **'if we have a learner and we are really struggling with them and we feel we are getting nowhere, we've been turned down for an EHCP and there's nowhere to go for additional support. CAMHS and CYPS are engaging but perhaps taking forever to get support; sometimes I think we do feel that an exclusion is the only way for something to happen, for them to accept that this learner needs support'** (SENCO) and **'that permanent exclusion was done essentially to speed up the local authority's endgame in giving him a place in a behaviour school'**. There was a sense from the education professionals that, unless a child was permanently excluded, the school could manage, particularly if they have not had any previous exclusions. Therefore, both fixed-period and permanent exclusions were used by schools to get access to a new provision, to strengthen the case for an EHCP and to gain access to health service assessments. This may be due to the perception that excluding a child would trigger a holistic assessment of their needs, as advocated in the DfE (2017a) guidance. However, as Gill (2017) clarified, the exclusion could be a barrier to accessing therapeutic or specialist education and it is unclear how often any assessments take place.



**To access more support
for the child (15)**

4.7.1.3. Professionals’ exclusion benefits:
To make caregivers realise their child’s
behaviour is unacceptable

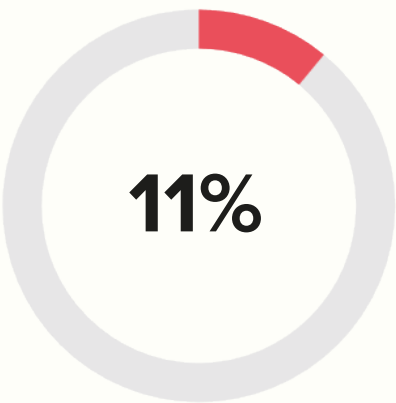
Eleven education professionals suggested that a benefit to school exclusion was to make caregivers realise their child’s behaviour was unacceptable. The majority of those who held this view were primary school headteachers (70%), followed by secondary school (20%) and alternative provision (10%). Four participants reported that a benefit of exclusion would be the caregiver realising the gravity of the situation, so that they will work with the school on improving the child’s behaviour **‘it would normally be two to three days to get through to the parent, the child and the class, yes that really upset and hurt you all and that behaviour cannot happen in school, and start thinking about that this is not behaviour that is normal and can be condoned’**. This comment raises concerns, as it refers to ‘normal’ with no regard for the reason for the behaviour. The idea that an exclusion will make the caregiver take responsibility is an ongoing theme, as some professionals felt it was the only way to make the point that the situation could not continue **‘it makes the parent reflect on their child’s behaviour, because actually what I am saying is: I’m sorry, I can’t have your child in this building for their own safety and the safety of the children and you need to take some responsibility for your child’s actions. At the end of the day you, are the parents of that child’**. The perception of these headteachers was that the caregivers were not bothered **‘I was excluding for one day or two days and the parents were going right: that’s great, I’ll just get a lie-in’ and the kids were just getting a couple of days off, coming back to school and just doing exactly the same thing all over again’**. It is not clear what the headteachers expected the caregivers to do with their child during a school exclusion. They do not seem to consider the fact that many caregivers had to work and so could not be with their child all day. Additionally, there is also the consideration that caregivers are not teachers and may not feel able to support learning at home.



To make the
caregiver realise their
child’s behaviour is
unacceptable (11)

4.7.1.4. Professionals’ exclusion benefits: To give the child time to reflect on their behaviour

The fourth most prevalent benefit for school exclusion reported by professionals was that the exclusion allowed the child an opportunity to reflect on their actions. **‘a bit of time to reflect on their actions; whether they do or not, I don’t know’** and for others to see there is a consequence for negative behaviours **‘I would use it; also it’s for other children to see. This child has punched this child and that child knows we have dealt with it’**. The language used in these responses suggests they acknowledge that this does not change behaviour in all cases **‘Whether or not they do reflect I don’t know’** and **‘it can be a wake-up call’**. These views are not supported in research, suggesting that school exclusion does not improve problem behaviours (Skiba, 2000; Theriot et al., 2009; Bowman-Perrott et al., 2013).



To give the child time to reflect on their behaviour (9)

4.7.1.5. Professionals’ exclusion benefits: For the benefit of the staff

Of the eight responses, two referenced staff getting justice for a prior assault **‘you feel a sense of fairness if that student is gone’**. One of the main threads running through the comments from the headteachers was that it gave staff a signal that the leadership team were supporting them and looking after their mental health and wellbeing **‘as staff, I think all you need is to know that leadership are supporting you and taking it seriously’**. There was a sense that a further benefit of a fixed-period exclusion was that it gives staff a break, particularly when they are dealing with the child every day **‘staff were becoming quite scared and I felt I needed to regroup. I didn’t exclude because it was going to be permanent; I wanted to give the staff space to re-group’**.



For the benefit of the staff (8)

The remaining comments on the benefits of exclusion related to giving other children the message that negative behaviours will not be tolerated; to give the child a fresh start; and to benefit the school community. Headteachers wanted to ensure that other children appreciate what is and is not acceptable, and that there are consequences for actions. This would support the view of Gregory and Cornell (2009) that to prevent violence in schools, ‘dangerous’ children are removed quickly to send a strong message to the remaining children. It was mainly secondary education professionals that felt it was important that permanent exclusion was an option to maintain order. Alternative provision professionals felt that a benefit of permanent exclusion was that it draws a line under events and allows the child and their caregivers to have a fresh start. There was also an acknowledgement from secondary headteachers that permanent exclusion was necessary, as they reported **‘the school isn’t right, and they need to go to alternative provision for specialist support’**.

4.7.2. Professionals' views on the challenges of fixed and permanent exclusion

While 74% of education professionals interviewed reported the benefits of exclusion, 26% suggested there were no benefits to exclusion. This section presents those views across the different participant groups, starting with secondary headteachers, followed by SENCOs, nursery

4.7.2.1. Secondary headteachers' challenges with exclusions

The largest group believing there was no benefit to school exclusion was the secondary headteachers, with ten references. Interestingly, this group said they did not see the benefit but admitted their statistics would show they do use them. This supports recent research that found no evidence to show that school exclusions are effective due to a lack of rigorous evaluation (Obsuth et al., 2017). Three headteachers felt they were not effective, as children just wanted to have a fixed-period exclusion to have time off, to be with caregivers, and one suggested to care for siblings **'it pains me to exclude some children because I know that that's what they want; they want to go home and have two to 10 days with their parents' and 'we are trying to cut down on our fixed-period exclusions because I think that's what they want; they want a day off school. Their parents are letting them on their Xboxes but at least if they're here they're doing something'**. One head said that they used exclusions because they do not have anything else. Another head suggested that they use fixed-period exclusions because of the mindset of the staff **'some staff here are of the mindset that this will fix everything; I am of the mindset that I don't want to send them home to play on their Xbox for three days because we will have the same battle when they come back in'**.

4.7.2.2. SENCOs' challenges with exclusion

The seven SENCOs were unanimous that excluding a child on a fixed or permanent basis just moves the problem out of the school and does not deal with the underlying issues of why children were unable to manage in mainstream (Skiba, 2000; Theriot et al., 2009; Bowman-Perrott et al., 2013). **'if we're excluding them then we are just moving the problem opposed to dealing with what is behind that behaviour'**. One SENCO supported the view from an AP that **'sometimes they want to be out of school'** adding that **'this can mask a whole load of issues we could support them with'**.

4.7.2.3. Alternative and additionally resourced provision challenges with exclusion

The six comments from alternative provision were that school exclusion does not benefit children, as they do not have an opportunity to start afresh in another mainstream school. They also said that mainstream school leaves them so negatively affected, they have no fight left, so they feel the education system is unjust. **'By the time the children get to us, those children are so damaged; emotionally, mentally. They are just beaten. They have nothing left to fight for. So, they just want to fight the world, literally'** The comments reflected that children saw a fixed-period exclusion as a reward as they received days off school, **'what would be the point you don't wanna be here, so you get two days off? Then the next time you don't want to be here, you create, then you get two days off, it's a bit like 'oh yes, a reward'**.

4.7.2.4. Nursery and primary headteachers' challenges with exclusion

There were six comments (including one from nursery). The views were closely aligned to those of the SENCOs, that school exclusion is of no benefit as it does not deal with the underlying challenges that children may have. Participants felt school exclusion compounds difficulties and can leave caregivers without support. One school said exclusion was **'an admission of failure; you failed that child'**. There was an understanding among those against exclusion, with one stating **'why put a child out when they are desperately in need? I know behaviours are challenging and I totally understand about the safety aspect but whatever age of that child, they are communicating in that way, they are desperate, then putting them out, how can that help? How can it help anybody? We don't and I believe we have had some very challenging children and very challenging parents coming through'**.

These findings support those in research, that children need to have a full assessment of their needs to determine their challenges and strengths and to identify and agree on reasonable adjustments. The participants' own accounts show that the DfE (2012) guidance did not go far enough in ensuring assessments were carried out for all children where there were concerns. The current statutory guidance (DfE, 2017a, p. 6) is vague in the use of the term 'should' in relating to duties. It could be argued that until this is resolved, the situation for these children and others in their position is unlikely to change.

'Disruptive behaviour can be an indication of unmet needs. Where a school has concerns about a pupil's behaviour, it should try to identify whether there are any causal factors and intervene early in order to reduce the need for a subsequent exclusion. In this situation, schools should consider whether a multi-agency assessment that goes beyond the pupil's educational needs is required'.

5. Concluding remarks

5. Concluding remarks

The purpose of this research was to investigate if there were any benefits to excluding a child from school. The study has identified that both fixed and permanent exclusions have a detrimental impact on children and their wider family in terms of learning, mental health, employment and wellbeing. These findings provide insights into school exclusions in a city in the North East of England and are presented in order of the objectives of the research.

The impact of fixed and permanent school exclusion on the child and family

This research has indicated that there are harmful short- and long-term effects of school exclusion on children, their siblings and caregivers. The current statutory guidance on school exclusion (DfE, 2017a) is a key part of the problem as it does not make it explicit that schools ‘must’ identify underlying causes of disruptive behaviour or ‘must’ consider the use of a multi-agency assessment, which conflicts with the actions dictated in the SEND code of practice (DfE, 2015b).

This study has raised important questions about the nature of mainstream schools and their role in the education and care of children who have multi-faceted abilities and needs. The children who were permanently excluded did not have the opportunity to say goodbye to friends, to repair and rebuild relationships, or to acknowledge any harm caused to others and themselves. Some of the reasons given for their exclusion did not appear to be rational, proportionate or fair, but were suggestive of inflexible policies and a potential lack of understanding of equality duties. As early as key stage one to the end of key stage four, it was clear that children encountered significant barriers to accessing mainstream schooling. The reasons were multidimensional, including unidentified learning, neurodevelopmental and mental health needs, which become increasingly apparent as they began formalised education. Some were unable to meet the

demands of the curriculum, to cope in large class sizes, to maintain positive relationships with teachers, or to meet the expectations set out in stringent behaviour policies. From the interviews with caregivers, it was apparent that once their child was in alternative provision, with identification of needs, support plans, small classes and positive relationships, they began to thrive. The children themselves articulated that in their new provision, they were happier and engaging in the opportunities they were given. None of the children wanted to return to mainstream school.

Both caregivers and the children reported that the reason for the behaviour difficulties was multifaceted. Often due to unidentified, assessed or diagnosed learning, physical or mental health needs. This was then compounded by a lack of funding for schools to effectively meet the diverse needs of children. This study has shown that exclusion from school has serious implications for children and their households emotionally, financially and academically. However, the caregivers were animated and positive when talking about how alternative provision has been a ‘lifeline’ in equal measures for the child and the family.

The effectiveness of the process of excluding a child from school

The evidence suggests that most caregivers did not feel their child’s exclusion was fair; many talked about a lack of recognition of disabilities, even when guidance was provided from professionals external to the school. This study highlights issues regarding the communication between schools and caregivers during the exclusion process, with caregivers citing a lack of relevant information in relation to the reason for exclusion; an absence of adherence to agreed support for their child; and unclear next steps.

The drivers for school exclusion

It seems that headteachers are using school exclusion as a means to keep other children safe; to get more support for the child; to gain access to a new provision; to strengthen the case for an EHCP; and to gain access to health service assessments. The findings also suggest that exclusion was deemed to be beneficial as it sends a message to other children and caregivers that there are consequences to negative behaviours.

The effectiveness of alternative provision

The evidence of the alternative provision success in Sunderland was striking. This research has highlighted areas of effective practice across this local area, with the data showing that alternative provision is leading the way in responding well to children's SEMH needs. The children and caregivers all reported that once settled, the children were happy to come to school and participation in learning significantly increased. The move from mainstream to alternative provision was seemingly the best outcome for these children. The sad reality is that they had to 'fail' or 'be excluded' to get to a provision most able to meet their diverse needs. It is clear from the interview data that the success of the alternative provision is attributed to the relationships with the staff, the smaller class sizes, and finally the 1:1 pastoral and academic support that is available on demand. The reduced curriculum offer (focusing on Mathematics, English and Science) alongside functional skills and vocational skills also appear to work well for these children. It must be asked if curriculum demands – particularly in secondary education, where over 10 GCSEs are studied – are partially to blame for children's inability to succeed in mainstream schooling. A vocational route for some children may be more feasible, as these children were all looking forward to post-16 opportunities in employment, education or training.

Considerations for provision planning and training

One recurrent theme in the interviews was a sense that there were insufficient adjustments in place to accommodate the diverse needs of the children. Also, in some cases, when the children did have SEN support or behaviour plans in place, the agreed reasonable adjustments were not adhered to. These findings suggest several courses of action for the local area in terms of training to improve evidence-based provision and practice, as set out in the recommendations.

Considerations for national policy

In agreement with the House of Commons Education Committee (2018), this research supports the view that the government needs to place a greater emphasis on providing a strategy for dealing with some of the root causes of child mental health problems. The research suggests that there is a conflict between the rights afforded to children in the Equality Act 2010 and the issuing of fixed and permanent exclusions, where reasonable adjustments have not been agreed or adhered to, as there is a clear tension between these two priorities. There is also a lack of regulation and accountability, particularly of academy schools who remain outside of local authority control.

6. Recommendations

6. Recommendations

These recommendations are intended to enable the local area to develop expertise and capacity in schools to allow children to thrive emotionally and socially. Some schools need to challenge their current policies and practices, working alongside caregivers, children and multi-agency professionals to better understand the holistic needs of those children. The implementation of the recommendations will require a shared commitment to implementing the findings of this research

The following recommendations relate to the data analysis and literature review.

Recommendation 1: Children identified as being at risk of, or allocated, a fixed-period or permanent exclusion, to be referred to health services for assessment of needs. This would determine any underlying genetic, learning disability or neurodiversity causes, so that reasonable adjustments are based upon strengths and difficulties. The health, functioning and wellbeing summary traffic light communication tool (Ireland and Horridge, 2016) should be considered for universal use by all health services under the direction of the paediatric disability team.

Recommendation 2: To extend the KS1-4 alternative provision to allow those children thriving in their care to have a permanent placement in the school. This could be in the form of an additional provision so that the current alternative provision school is maintained for those who have recently been permanently excluded with a partner provision for those who mainstream is not a suitable or viable option.

Recommendation 3: Improve preventative support in mainstream and other schools where children are identified as 'at risk of exclusion' at the earliest point of concern. Training for school staff on evidence-based interventions to enhance academic skills. This needs to include identification of any SEND, person-centred approaches, supporting children with CVAB, equality duties, and reasonable adjustments,

which should be coordinated and led by the alternative provision schools and lead health professionals in the city.

Recommendation 4: The creation of a child, caregiver and sibling support network for those with children at risk of, or who have been excluded from school. This will include signposting to support systems, including legal advice and access to universal services to support their mental health and wellbeing.

Recommendation 5: Consistent information to be provided to the caregivers by the excluding school, detailing all local and national contact numbers, support services for the child, their caregivers and siblings. This must include details of education provision available in the local area and the appeals process.

Recommendation 6: Documentation following an exclusion needs to be given to the caregivers and the next school placement. This needs to include prior attainment, attendance, behaviour system records, statements of witnesses, caregiver and child communication and responses, the reason for and length of the exclusion. It must include evidence of the implementation of the graduated approach with a review of progress and evidence-based approaches as part of this process.

National recommendation 1: DfE to update statutory guidance on exclusion to change the terminology from 'should' to 'must', to ensure schools are obligated to address any underlying causes of disruptive behaviour, including the use of a multi-agency assessment. Schools also require clarification of their duties within the Equality Act 2010 to make reasonable adjustments for those with disabilities, to prevent substantial disadvantage.

National recommendation 2: DfE needs to delegate more powers to Local Authorities to enable them to support children at risk of exclusion and to hold schools to account for their decision to exclude a child, to ensure the reason is lawful, reasonable and fair.

National recommendation 3: To rename ‘pupil referral units’ to ‘schools’, due to the stigma of this type of provision.

Further research

The DfE monitors levels of exclusion using key measures based on permanent and fixed-period exclusions, collected two terms in arrears (DfE, 2017e). Within the guidance, schools are required to report the main reason for the exclusion from a choice of the following descriptions:

- Bullying
- Damage
- Drug and alcohol-related
- Persistent disruptive behaviour
- Physical assault against an adult
- Physical assault against a pupil
- Racist abuse
- Sexual misconduct
- Theft
- Verbal abuse/threatening behaviour against adult
- Verbal abuse/threatening behaviour against a pupil
- Other

The DfE (2017e) guidance clarifies that the ‘other’ category should be used sparingly. This research has highlighted variability in the reason for school exclusion and raises questions regarding the current accountability measures on schools to explain the reasons why the child was excluded. Some of the caregivers in this research believed they were never informed of the reason why their child was permanently excluded. Others cited reasons such as: wearing makeup, uniform breaches and forgetting equipment. It is likely these would have been categorised as ‘other’ on the school census return, supporting the claim by Martin-Denham and Donaghue (2020b, p.34) that ‘there is a worrying trend concerning the repeated use of ‘other’ when issuing fixed-period and permanent exclusions to children with no SEN designation. It is both a local and national concern that a miscellaneous category is in use, particularly when its use is prolific’. Further research needs to provide the justification for the removal of ‘other’ to require headteachers to fully account for their reason for excluding a child from school.

7. References

7. References

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8. Appendix

8. Appendix

Table 4: Recent large-scale qualitative research on school exclusion

Research	Summary
Children’s Commissioner’s Office (CCO) (2019) Exclusions: Children excluded from mainstream schools	This research focused on the lived experiences of children with SEN and exclusion from school. It carried out 16 interviews with children and four of their caregivers
Department for Education (DfE) (2019a) Timpson Review of School Exclusions	The Timpson Review was a commission from the Government to review exclusion practice, to explore how headteachers use exclusion in practice and why some groups are more likely to be excluded. There were 1000 responses to calls for evidence and visits to 100 organisations, including schools and local authorities. The review found variation in exclusion practice and concluded that more needed to be done to ensure every exclusion is lawful, reasonable and fair and that exclusion is always a last resort.
House of Commons Education Committee (2018a) Forgotten Children: alternative provision and the scandal over ever-increasing exclusions	This included 100 pieces of evidence in response to their call for the inquiry from academics, researchers, charities and organisations. A session was held to hear from young people and parents with experience of AP, visit to a school and an unregistered training provider.
Mills and Thomson (2018) Investigative research into alternative provision	This investigative research commissioned by the DfE, explored the landscape of alternative provision to understand how schools support children at risk of exclusion. This included telephone interviews with 276 schools in England and 25 case studies. This research found that schools took active steps to prevent those perceived to be at risk of exclusion through behaviour logging systems alongside input from pastoral staff. The main preventative strategy was found to be mentoring, temporary withdrawal (internal units or part-time alternative provision) or bringing in external support and changing individual timetabling. The research highlighted a lack of hard evidence of schools evaluating the impact of preventative strategies.
Institute for Public Policy Research (Gill et al., 2017) Making the Difference	This report argued that alongside the growing number of official exclusions, there were significant concerns regarding the use of unofficial exclusions by schools. It also highlighted that of those children who were excluded, they were twice as likely to be in care, four times more likely to have grown up in poverty, seven times more likely to have SEN and 10 times more likely to have recognised mental health problems.
Adoption UK (2017): Schools and Exclusions Report. Banbury: Adoption UK.	This was based on analysis of 2,084 responses of adoptive caregivers views on their children’s experiences of school and exclusion. This research shared that adopted children are more likely to have fixed and permanent exclusions than their peers. It highlighted the adverse impact on their school performance and their life chances.

